

Date: ____ / ____ / ____

PLEASE NOTE: A new check is usually issued after 5 business days from when the stop payment was posted.

General Information

Primary Taxpayer Social Security Number:

Spouse Social Security Number (if applicable)

First and Last Name: _____

First and Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Call Back Number: _____

E-mail address: _____

Original Check Number: _____

Date on Check: _____ Check Amount: _____

The original check was: Not Received Lost Stolen Destroyed/Mutilated Incorrect Address

Check Type: Federal State Easy Advance Economic Impact Payment (Stimulus)

Check Issue Year: Current Year Prior Year _____

Taxpayer(s) Signature Required

The undersigned taxpayer requests that payment be stopped on this check and a duplicate check be issued. This check was not endorsed by the undersigned, and the obligation evidenced thereby has not been sold, transferred or assigned to any person whatsoever.

In consideration for stopping payment, I agree to defend, indemnify, and to hold Republic Bank and Trust Company harmless for the amount of the check, and from all claims, damages, costs, and attorney's fees incurred by Republic Bank and Trust Company on account of payment of said check or as a result of refusing payment, including claims made by a "holder in due course" of said check. Placement of a stop payment request will not relieve me of liability to Republic Bank and Trust Company for a check presented by a "holder in due course" as defined under applicable state law.

Signed this ____ of _____, _____ Year
Day Month

Primary Taxpayer's Signature: _____

Spouse's Signature: _____
(Both signatures are required when filing status = Married Filing Jointly)

Provide Accompanying Documents

Please attach a copy of the following documents and email to Republic Bank:

- 1) A legible copy of the taxpayer's unexpired, government-issued photo identification with the correct spelling of their name (Employee IDs or Benefits cards will not be accepted as valid forms of identification)
- 2) If the address has changed, proof of new address (a utility bill or bank statement in the taxpayer's name featuring the new address)
- 3) This completed and signed Stop Payment & Indemnification Bond Form.

Please e-mail the above documentation to EPForms@republicbank.com. Include as the subject line the name of the form and the taxpayer's last name. For example: **Stop Payment & Indemnification Form - Smith**