

CANCELLATION OF STOP-PAYMENT ORDER

Date:

To:

Dear

On _____, _____ (year), we advised you to stop payment on the following check:

Check No:

Dated:

Amount:

Maker:

Payable to:

Account No:

You may now honor and pay said check upon presentment since we cancel this previously issued stop-payment order.

Account

Account No.

By:_____