[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Confirmation of Active Stop Payment Request

Dear [Customer Name],

This letter is to confirm that the stop payment request for the following item is currently active on your account [Account Number]:

- **Check/Transaction Number:** [Number]
- **Payee:** [Payee Name]
- **Amount:** [Amount]
- **Date Placed:** [Date]
- **Expiration Date:** [Date]

Our records indicate that this request is in effect. If the item is presented for payment while the status is active, it will be returned unpaid.

Please note that stop payment orders are generally valid for a period of [6 months/Duration] for written requests. If you wish to cancel this request or extend the duration before the expiration date, please contact us immediately.

If you have any questions regarding this status, please call our customer service department at [Phone Number] or visit your local branch.

Sincerely,

[Your Name/Department]
[Financial Institution Name]