

Date: [Insert Date]

To: [Bank Name]
[Branch Address]
[City, State, Zip Code]

Subject: Stop Payment Request and Letter of Indemnity

Dear Sir/Madam,

I/We, [Your Name/Company Name], hereby request you to stop payment on the following instrument:

- Cheque/Instrument Number: [Insert Number]
- Date of Instrument: [Insert Date]
- Amount: [Insert Amount]
- Payee Name: [Insert Payee Name]
- Account Number: [Insert Your Account Number]
- Reason for Stop Payment: [e.g., Lost in transit, Stolen, Defaced, Transaction Cancelled]

In consideration of the Bank complying with this request, I/we hereby agree to indemnify the Bank, its officers, and agents, and to hold you harmless against all losses, costs, damages, expenses, claims, and demands which may be incurred by or made against the Bank in connection with or arising out of the non-payment of the said instrument.

I/We further undertake to notify the Bank immediately in writing should the original instrument come into my/our possession. This stop payment instruction shall remain in force until revoked by me/us in writing.

Thank you for your prompt attention to this matter.

Yours faithfully,

[Authorized Signature]
[Print Name]
[Contact Phone Number]