

**ADPCHECK<sup>SM</sup> STOP PAYMENT  
REQUEST & INDEMNIFICATION FORM**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact your ADP Client Service Representative to place your stop payment order. Enter the check(s) individually or indicate a check range, and fax to your ADP Client Service Representative at **770-360-3082**.

ADPCheck #	EE File #	Check Amount	Payee Name	Pay Date	Comments

Reason for Stopping Check(s): \_\_\_\_\_  
\_\_\_\_\_

Submitted By: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Comments: \_\_\_\_\_

In consideration for stopping payment, the undersigned agrees to defend, indemnify, save harmless, and protect Automatic Data Processing, Inc. and its affiliates and their successors and assigns (collectively "ADP"), from and against any liability whatsoever for stopping payment on said check(s) and from and against all actions, suits, losses, claims, damages, charges, and expenses of every nature and character, including attorney fees, in any claims or suits arising by reason of stopping payment on said check(s), including claims made by a "holder in due course" of said check(s). In particular, please note, that the placement of a stop payment on a check will not relieve Client of liability to ADP for a check which is presented to ADP by a "holder in due course" as defined under applicable state commercial laws.

The undersigned agrees that this obligation is not limited as to time and shall to the benefit of ADP, and that the right to plead any and all Statutes of Limitation as a defense to any action brought hereunder is hereby waived.

ADP agrees: (1) to place a stop payment order with ADP's bank on said check(s) within twenty-four (24) hours of ADP's receipt of this written request, provided the request is properly authorized and contains accurate and appropriate information, and (2) to refund Client upon confirmation of stop, provided that no returned credits or NSF's from client are pending.

In consideration for additional costs incurred by ADP in placing stop payments, Client agrees to pay a reasonable fee for each stop payment or stop range. The amount of such fee is available upon request.

\_\_\_\_\_  
Name of Authorized Signatory Authorized Signature and Date

<b>ADP USE ONLY</b>	
Request received (Date/Time/By): _____	Status of Checks: _____
PCS Signoff: _____	Confirmation Number: _____