THIS FORM IS TO BE USED ONLY AFTER A STOP PAYMENT HAS BEEN INITIATED ON NETTELLER OR BANKLINE.

This request will extend your stop payment to 6 months. Please printout, complete, and mail to: The Neffs National Bank, 5629 PA Route 873, P. O. Box 10, Neffs, PA 18065-0010. Fax to 610-767-1890

EXTENSION TO STOP PAYMENT REQUEST

DATE: _____

TO: THE NEFFS NATIONAL BANK
5629 PA ROUTE 873, P.O. BOX 10
NEFFS, PA 18065-0010

ACCOUNT NUMBER: _____

Please STOP PAYMENT of a check drawn by the undersigned, described below:

Amount $_____ No. _____ Dated _____

Payable to _____

The undersigned agrees to hold you harmless for all expenses and costs incurred by you on account of refusing payment on said item and further agrees to allow you a reasonable time period to act on the Stop Payment request before it actually goes into effect. You are authorized to charge and I agree to pay a reasonable service fee for the placing of this order.

This request will automatically expire six months from the original date of your request, unless released prior to expiration or unless renewed in writing.

Electronic/Oral Stop Payment orders are binding for only fourteen (14) calendar days unless confirmed in writing within that period.

SIGNATURE OF DEPOSITOR: _____

PRINT NAME: _____