



Stop Payment & Indemnification Bond

EFIN:

STEP 1 - General Information

**PLEASE NOTE: All fields are REQUIRED for processing this form.**

Primary Taxpayer Social Security Number:

Spouse Social Security Number (Required when filing status = Married Filing Joint):

Name: _____

Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Call Back Number: (____) _____ Email Address: _____

Original Check Number: _____ Date on Check: ____/____/____ Check Amount: \$ _____

The original check was: ☐ Not Received ☐ Lost ☐ Stolen ☐ Destroyed/Mutilated ☐ Incorrect Address

Check Type, please circle:

EA RT State Subsequent Check

STEP 2 - Taxpayer(s) Signature Required

*The undersigned taxpayer requests that payment be stopped on this check and a duplicate check be issued. This check was not endorsed by the undersigned, and the obligation evidenced thereby has not been sold, transferred or assigned to any person whatsoever.**In consideration for stopping payment, I agree to defend, indemnify, and to hold Republic Bank and Trust Company harmless for the amount of the check, and from all claims, damages, costs, and attorney's fees incurred by Republic Bank and Trust Company on account of payment of said check or as a result of refusing payment, including claims made by a "holder in due course" of said check. Placement of a stop payment request will not relieve me of liability to Republic Bank and Trust Company for a check presented by a "holder in due course" as defined under applicable state law.*Signed this ____ of _____, _____
Day Month Year

Primary Taxpayer's Signature: _____

Spouse's Signature: _____
(Both signatures are required when filing status = Married Filing Joint)

STEP 3 - Have This Form Notarized OR Witnessed By Your Tax Preparer

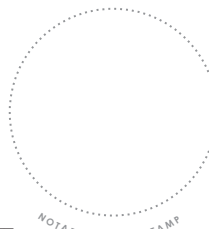
The above signature(s) MUST be notarized and this section completed by a Notary Public. Notary Publics can be found in local banks, law offices and some government buildings.

The State of _____, County of _____

Sworn before me this ____ day of _____, 20____

Notary Public: _____

Printed Name: _____ My Commission Expires on: _____



OR

Printed Name of Tax Preparer _____

Signature of Tax Preparer _____

RBIN (Required) _____

STEP 4 - Provide Accompanying Documents

Please fax or email the following documents to Republic Bank:

- (1) A legible copy of the taxpayer's unexpired, government-issued photo identification with the correct spelling of their name (Employee IDs or Benefits cards will not be accepted as valid forms of identification)
- (2) If address has changed, proof of new address (a utility bill or bank statement in the taxpayer's name featuring the new address)
- (3) This completed Stop Payment & Indemnification Bond Form



Fax to 1-866-300-3528



Email to EPForms@republicbank.com

HELPFUL HINTS FOR SUBMITTING YOUR PHOTO ID TO REPUBLIC BANK



Take a picture of your ID with your smart phone and email it to the Bank.



If faxing or emailing a photocopy of the ID, lighten the copy on the copier or scanner before sending.



FOR OFFICE USE ONLY

Logged by: _____ Date Logged: _____

Check Reissued on: _____ Reissued by: _____



PLEASE NOTE:

Republic Bank will initiate the stop and will research to ensure the original check has not been cashed or verified. A new check is usually issued after five (5) business days from when the stop payment was placed.

Questions? Call 1-866-491-1040



Fax to 1-866-300-3528



Email to EPForms@republicbank.com