



P.O. BOX 1208 • ALPHARETTA, GEORGIA 30009-1208

STOP PAYMENT FORM

CHECK NUMBER

AMOUNT

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

I, _____, authorize North American Money Order Company to stop payment on this money order. I agree to indemnify and hold North American Money Order Company harmless against any and all payments, loss, damage, expense and/or liability suffered or incurred by North American Money Order Company by reason of my stop payment authorization. If the original money order returns to my possession, I will return it to North American Money Order Company.

Agent Number

Company Name/Store Name

Store Address

Signature

Title

Please complete form and fax to: 770-360-9490