Texas State Bank Stop Payment Request Form

To use this form, please print it, fill it out, sign it, and fax to 325-942-7017, or you may mail it or bring it to 2201 Sherwood Way, San Angelo, TX 76901. After the form is sent, call our Customer Service Department at 325-949-3721 to verify that your stop payment request was received.

Please note: we use a computer system to check each item. We do not always do a visual inspection. Thus, the information which is inserted herein must be exact or our computer system will not be able to identify the item and this stop-payment order will not be effective.

Stop Payment Charge: $25.00

Date of Request: _____

Account Number:_____

Account Holder:_____

Payable To:_____

Check Number: _____

Dated:_____

Amount:_____

Reason:_____

Duplicate Check Issued?_____yes_____no If yes, #_____Dated_____

Please stop payment of the above-described check. The Customer requesting the Bank to stop payment of this item (the "Customer") agrees to furnish the Bank with the exact amount (exact to the penny unless otherwise noted), date, number, name of payee and such other information pertaining to said item as the Bank may request, and failure to furnish such information shall relieve the Bank of any liability for any payment made contrary to this request. Customer agrees to reimburse the Bank for all expenses and loss resulting from refusing payment pursuant to this order, or if by reason of such payment other checks drawn by the Customer are returned unpaid because of insufficient funds. This stop payment order is also subject to the provisions contained in the Customer's signature card.

For ACH transactions affecting consumer accounts: Unless it is confirmed in writing, a verbal stop payment order will cease to be binding after fourteen (14) days. A stop payment order may be withdrawn by providing written notice. A stop payment order will remain in effect: 1)for six (6) months from the date of the stop payment order; 2) until payment of the debit entry has been stopped; or 3) until the receiver withdraws the stop payment order, whichever occurs earliest.

For all other transactions: A stop payment order is effective for six (6) months, but it lapses after fourteen (14) calendar days if the original order was oral and was not confirmed in writing within that period. A stop payment order may be renewed for additional six month periods by a written request given to the Bank within a period during which the stop payment order is effective. If a duplicate check is issued, it will be given the current date and number.

X_____
Authorized Signature – Customer

Request received by (Bank employee):_____Time:_____

The above Stop Payment is released.

_____ _____
Authorized Signature Date Released