

TEXAS STATE BANK

SAN ANGELO, TEXAS

STOP PAYMENT REQUEST ORDER

Today's Date _____ Time _____ a.m.
 p.m.

Account Number _____ Account Type: Consumer
 Non-Consumer

Account Name _____ Contact Phone No. _____

Payable To _____ Transaction Amount \$ _____

Check Serial No.(s) _____ *Required for POP, ARC, BOC and BCK Entries* Date Check(s) Written _____

A charge, as reflected, will be assessed to the account holder as payment for implementing this order. Fee Assessed \$ _____ Reason for Stop Payment _____

<input type="checkbox"/> Stop Payment for Single ACH Payment (Consumer Account) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Texas State Bank to stop payment on the above transaction. The payment order shall remain in effect: (1) until written notice is received from the account holder to revoke the stop payment order; or (2) until payment of the entry has been stopped, whichever occurs first. An oral stop payment order lapses after fourteen (14) calendar days if not confirmed in writing within that period.
<input type="checkbox"/> Stop Payment for Recurring ACH Entries: Verify Standard Entry Class Code ___PPD ___WEB ___IAT (Consumer Account) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Texas State Bank to stop payment on the above transaction(s). The account holder authorized _____ (company name) to originate one or more ACH entries to debit funds from the above account, (1) but on _____ (date), revoked that authorization by notifying _____ (company name) in the manner specified in the authorization; or (2) will be notifying _____ (company name) on _____ (date) in the manner specified in the authorization. The account holder agrees to provide Texas State Bank with written confirmation of the revocation with _____ (company name) within 14 calendar days from today's date. If Texas State Bank does not receive the required written confirmation, then it will honor subsequent debits to the account.
<input type="checkbox"/> Stop Payment for One ACH Payment (Non-Consumer) Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Texas State Bank to stop payment on the above transaction. When confirmed in writing, the stop payment order shall remain in effect for six months. A stop payment order may be renewed for additional six-month periods by written authorization given to Texas State Bank within a period which the stop payment order is effective. An oral stop payment order lapses after fourteen (14) calendar days if not confirmed in writing within that period.
<input type="checkbox"/> Stop Payment for Check Terms and Conditions: On the terms hereinafter set out, the undersigned account holder hereby instructs Texas State Bank to stop payment on the above transaction. When confirmed in writing, the stop payment order shall remain in effect for six months. A stop payment order may be renewed for additional six-month periods by written authorization given to Texas State Bank within a period which the stop payment order is effective. An oral stop payment order lapses after fourteen (14) calendar days if not confirmed in writing within that period.

By directing Texas State Bank to stop payment on the above transaction(s), the account holder agrees to hold Texas State Bank harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that Texas State Bank may suffer or incur by reason of non-payment of the above transaction if presented prior to withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give Texas State Bank reasonable time to act upon it.

The account holder also understands that it is necessary to provide the correct information related to the transaction(s) and that failure to do so may result in the payment of the above item(s). The account holder agrees to hold harmless and indemnify Texas State Bank for all expenses, costs, and damages incurred by payment of the above item(s) if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately and correctly.

I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Date _____ Account Holder Signature _____ Print Name _____
 Date _____ FI Representative Signature _____ Print Name _____

For Texas State Bank Use Only

Verbal Stop Payment Request Accepted on _____ By _____
 Signed Stop Payment Request Accepted on _____ By _____
 Written Confirmation of Revocation Received on _____ By _____