Lytle State Bank
Stop Payment Request Form

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This form authorizes Lytle State Bank to stop a payment (Check/ACH/EFT) issued from your account as indicated.
1. Complete section 1 of this form
2. Read the authorization in section 2 and sign where indicated
3. Mail the completed and signed form to **Lytle State Bank, P. O. Box 575, Lytle, TX 78052 or drop it off** at 14631 S. FM 2790 W., Lytle, TX 78052 or **fax it** to (830) 772-4993.

1. **Stop Payment Information**	
Name of Account Owner (please print)	Account Number
Check Number or Range ❏	ACH/EFT Item ❏
Date of Check, ACH or EFT Item:	Amount of Check, ACH or EFT Item $
Payable to (Payee):	
Reason for the Stop Payment: Please tell us briefly why this stop payment is necessary:	

2. **Your Signature**
Item Description: I hereby order you to stop payment on the check or automated clearing house/pre-authorized electronic funds transfer ("ACH/EFT") described above. I warrant that the information describing the check or ACH/EFT, including the check or scheduled transfer date, its exact amount, the check number and payee, is correct. I understand that the EXACT amount of the check or ACH/EFT is necessary for your computer to stop payment. If I give you the incorrect amount or any other incorrect information, you will not be responsible for failing to stop payment on the check or ACH/EFT.
Agreement: I agree that unless my stop payment order is received by you: **(a)** if a check, within a reasonable time for you to act on my order prior to final payment of the check by you, or **(b)** if an ACH/EFT transfer, at least three (3) business days preceding the scheduled date of the pre-authorized ACH/EFT, you will not be responsible for stopping payment. I agree that I may not stop payment on any VISA® Check Card point-of-sale ACH/EFT transactions; any cashier's check, certified check, money order or any other official institution check I have purchased from you; or any check which you have guaranteed. I understand that my stop payment request is conditional and subject to your verification that the check has not already been paid or that some other action to pay the check has not been taken by you.
Duration: A stop payment order **(a)** against a check is effective only against the check that is described above; **(b)** against and ACH/EFT transfer is effective only against the ACH/EFT transfer that is described above and does not cancel or revoke my authorization for future ACH/EFT transfers by the same originator. **I understand that I must contact the originator of the ACH/EFT to stop future transfers.** A stop payment order will lapse automatically after fourteen (14) calendar days if the order was oral and has not been confirmed by me in writing to you during that period. A written stop payment order is effective for six (6) months only and will expire automatically at that time unless I have specifically renewed it in writing prior to expiration.
Fees: I agree to pay a charge of $30.00 for this stop payment order. Unless otherwise agreed, you are authorized to charge this fee to the account indicated above.
Indemnification: I agree to indemnify, defend and hold your harmless against all costs, including attorney's fees, actions, damages or claims related to or arising from your action in refusing payment of the check or ACH/EFT including claims of any joint depositor, payee or Endorsee or in failing to stop payment of a check or ACH/EFT as a result of incorrect information provided by me. I also agree to notify you promptly upon the issuance of any duplicate check or ACH/EFT which replaced the check or ACH/EFT subject to this order or upon return of the original check.
This form must have your signature to be processed.
_____ Signature   Date

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For Bank Use Only

Date Received: _____   CSR:_____
Stop Payment Input by:_____   Date:_____

FDIC   EQUAL HOUSING LENDER