

**Stop Payment Form**

**[ALVA STATE BANK & TRUST COMPANY]**



**STOP PAYMENT FEE: \$15**

*Return this completed Stop Payment form to your local branch.*

Date of Request: \_\_\_\_\_ Customer Name: \_\_\_\_\_ Account number: \_\_\_\_\_

Payable to: \_\_\_\_\_

Check # (if applicable): \_\_\_\_\_ Item Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Reason for Stop: \_\_\_\_\_

Will a check be reissued?    Yes            NO            If yes, indicate the *NEW* check number: \_\_\_\_\_

Type of Transaction (Chose one):

\_\_\_\_\_ **Check**  
*The stop payment will remain in effect for six months.*

\_\_\_\_\_ **One ACH Payment (Consumer or Corporate Account)**  
*The stop payment order can be withdrawn by providing written notice. The 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.*

\_\_\_\_\_ **Recurring ACH Payment (Consumer Account)**  
*I agree that I have or will revoke the authorization with this company in the manner specified in the authorization. The stop payment order can be withdrawn by providing written notice. The stop payment order will remain in effect for six (6) months from the date of the stop payment order, but it lapses after fourteen 14 days if the original order was oral and was not confirmed in writing within that period.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to be effective, the stop payment orders must be received in time to give us a reasonable opportunity to act on it. The Customer agrees to furnish the Bank with the exact amount, 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 his 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 Customers signature card. For all other transactions: A stop payment order is effective for six (6) months, but it lapses after fourteen (14) 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 writing 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. 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.

**RELEASE OF STOP PAYMENT:**

I request Alva State Bank to release the Stop Payment on above item.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_