

PEOPLES BANK

STOP PAYMENT REQUEST FORM

Please print legibly or type. When completed, mail, fax or email to:

Peoples Bank, PO Box 1750, Paris, TX 75461; Fax 903-783-3841; Email – pcs@pbparis.com

DATE: _____

Customer Name: _____

Account Number: _____

Item No(s)/Type Check # _____ ACH Single ACH Multiple

Date of Item/Transfer _____

Amount: \$ _____

Payable To: _____ Company ID# _____

Request Verification/Renewal: Oral Request Written Request Renewal Request

Service Fee: **\$25.00 for each Stop Payment item**

Best # to Reach Me: (_____) _____ - _____

2nd Best # to Reach Me: (_____) _____ - _____

Reason for Stop Payment: _____

Email Address: _____

I request Peoples Bank ("Bank") to stop payment on the check, preauthorized electronic funds transfer (EFT), or ACH item described above. I warrant that the item description, including the date or scheduled transfer date, its exact amount, the item number and payee are correct. I understand that the EXACT information on the item is necessary for the Bank's processing system to identify the item. If I give the Bank the incorrect amount or any other incorrect information, the Bank will not be responsible for failing to stop payment on the item.

I agree that the Bank will not be responsible for stopping payment unless my Stop Payment Order is received by the Bank: (1) within a reasonable time for the Bank to act on my order prior to a final payment or similar action; or (2) at least three (3) business days before the scheduled date of the preauthorized EFT or ACH draft. I understand that my stop payment request is conditional and subject to the Bank's verification that the item has not already been paid or that some other action to pay the item has not been taken. I understand that my Stop Payment Order will be effective as follows: I may make an oral Stop Payment Order which will lapse within fourteen (14) calendar days unless confirmed in writing within that time. A written Stop Payment Order for a check item will be effective for six (6) months. A written Stop Payment Order may be renewed in writing from time to time. I agree to pay the Bank for each request as set forth above. An ACH stop payment order will remain in effect until the earlier of (1) the withdrawal of the stop payment order by the Customer, or (2) the return of the debit entry, or, where a stop payment order is applied to more than one debit entry under a specific authorization involving a specific Originator, the return of all such debit entries.

I agree to indemnify and hold harmless from all costs, including attorney's fees, (to the extent permitted by law) damage or claims related to the Bank's action in refusing payment of the item, including claims of any joint owner, payee, or endorsee, or in failing to stop payment of an item as a result of incorrect information provided by me. NOTE: Stop Payment Requests are processed only during business hours.

Customer Signature: X _____ Date: _____

The above Stop Payment Order is released.

Customer Signature: X _____ Date: _____

For Peoples Bank Use Only:

Oral Stop Payment Received Date: _____ Time: _____ By: _____

Received Written Confirmation Date: _____ Time: _____ By: _____