

Stop Payment Request- Electronic

LEIGHTON STATE BANK uses 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.

This form must be completed in its entirety in order to be processed. Requests received from the Internet Banking System and/or emails will be processed within one banking day of receipt using the same procedures that we use to handle similar requests received by mail, phone, or fax. If urgent action is required, we recommend that you contact us directly by telephone or in person. The online/electronic payment service is NOT available to cancel transfers between accounts and/or any electronic bill payments.

DATE OF REQUEST	<input type="checkbox"/> CHECK (OR) ACH REQUEST: <input type="checkbox"/> one-time payment <input type="checkbox"/> recurring payment	LAST 3 DIGITS OF ACCOUNT NUMBER	AMOUNT* \$
NAME OF ACCOUNT HOLDER	CHECK # (if applicable)	CHECK DATE (if applicable)	DUPLICATE CHECK ISSUED (if applicable) <input type="checkbox"/> NO <input type="checkbox"/> YES-- CHECK # _____ DATED _____
PAYABLE TO	REASON FOR STOP PAYMENT		
TIME RECEIVED <input type="checkbox"/> AM <input type="checkbox"/> PM	REQUEST RECEIVED BY		
TO (BANK) LEIGHTON STATE BANK	REQUEST RECEIVED ELECTRONICALLY		STOP PAYMENT CHARGE: \$32.10 <input type="checkbox"/> CASH <input type="checkbox"/> CHARGE

Please stop payment of the above-described transaction. 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 all entries except ARC, BOC, RCK, POP, Single-Entry WEB and TEL entries, a Customer may stop the payment of a debit entry initiated or to be initiated to a Consumer Account of the Customer by providing either verbal or written notification to the Bank at least three banking days before the scheduled date of the transfer. A Bank may honor a stop payment order received within the three-banking-day limit prescribed above, and, if it honors such a request, the Bank has no resultant liability or responsibility to any Originator, ODFI or other person having any interest in the entry. For ARC, BOC, RCK, POP, Single-Entry WEB and TEL entries, the stop payment order must be provided to the Bank at such time and in such manner as to allow the Bank a reasonable opportunity to act upon the stop payment order prior to acting on the debit entry.

If the Customer instructs the Bank to stop all future payments pursuant to a specific authorization involving a specific Originator, the Bank may require the Customer to confirm in writing that the Customer has revoked the authorization given to the Originator. It is the customer's responsibility to cancel the debit with the originator.

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. A stop payment order for checks or non-consumer accounts will remain in effect for six months after date of issue. A stop payment order for checks or non-consumer accounts may be renewed for additional six month periods if presented in writing to the Bank during the period in which the stop payment is in effect.

THE ABOVE STOP PAYMENT IS RELEASED	
Authorized Signature	Date of Release

NO SIGNATURE REQUIRED WHEN SUBMITTING ELECTRONICALLY

2/2020

SAVE A COPY OF YOUR FILLED FORM AND EMAIL TO lsbstoppayments@leightonbank.com