



**BANK OF LAS VEGAS**

## **STOP PAYMENT FORM**

**Internet Banking Customers can initiate Stop Payments online**

ACCOUNT # \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

CHECK # \_\_\_\_\_ DOLLAR AMOUNT: \$ \_\_\_\_\_

DATE OF CHECK: \_\_\_\_\_

REASON FOR STOP: \_\_\_\_\_

YOUR FAX # \_\_\_\_\_

**STOP PAYMENT REQUEST MUST BE APPROVED BY AN AUTHORIZED  
SIGNER ON THE ACCOUNT**

SIGNATURE OF AUTHORIZED SIGNER: \_\_\_\_\_

DATE OF THIS REQUEST: \_\_\_\_\_

**PLEASE COMPLETE AND FAX TO YOUR PREFERRED OFFICE**

Black Mountain Office      Fax #      702-990-5443

Decatur Office      Fax #      702-939-2415

Desert Office      Fax #      702-938-0509

Red Rock Office      Fax #      702-948-3630

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Bank Use: Date Received/Input: \_\_\_\_\_ By: \_\_\_\_\_