



CHECK STOP-PAYMENT ORDER

Phone: 469.398.4884 | Fax: 469.398.4888
1212 Turtle Creek Blvd. Dallas, TX 75207
3212 Belt Line Rd. Farmers Branch, TX 75234
101 N. Garland Ave. Garland, TX 75040
2102 E State Hwy 114 Suite 109, Southlake, Texas 76092

Your instructions are only valid if the check indicated has not already been presented or paid.
In order to be effective, a Stop Payment Order must be received in a reasonable time to allow opportunity to act.
The Stop Payment order must be completed in its entirety and precisely indicate the check details.
Email completed forms to Help@TexasSecurityBank.com or Fax to 469.398.4888 - Attention Client Support.
Verbal Stop Payment Orders are valid for 14 calendar days beginning the day the request is received. If a written Stop Payment Form is not completed and submitted after 14 calendar days, the stop payment order will expire.
A Stop Payment Fee will apply.

ACCOUNT/TRANSACTION INFORMATION

Company Name:		OR:	
Last Name:	First:	Middle Initial:	
Account Number:			
Amount of Check: \$		Check Date: / /	
Payee:		Check Number:	

In order to solidify this Stop Payment Order, please include the following information:

Reason for Stop Payment Order:
Check Re-Issue Number (if applicable):
Check Re-Issue Date (if applicable):

STATEMENT & SIGNATURE

Texas Security Bank ("the Bank") hereby agrees to abide by the rules and regulations (as outlined in the Uniform Commercial Code or other applicable commercial laws) governing Stop Payment Orders.

Effective Period of Stop Payment Orders: A written Stop Payment Order will remain in effect until the earlier of the following per account type unless renewed for additional time period. Renewals will be for the same time period as the original stop payment order.

1. TERM -
 - a. Consumer Account: a. The withdrawal of the stop payment order by the Receiver; or b. the return of the debit Entry, or, where a stop payment order applies to more than one debit Entry relating to a specific authorization involving a specific Originator, the return of all such debit Entries.
 - b. Non-Consumer Account: a. The withdrawal of the stop payment order by the Receiver; b. The return of the debit Entry, or,
 - c. Six (6) months from the date of the stop payment order.
2. NOTICE - Reasonable notification of any stop payment request must be received by Texas Security Bank ("The Bank") prior to the item being presented. Bank and Company agree that reasonable time is at least one banking day prior to the item being presented to The Bank.

If the above check is paid due to incorrect information, I hereby free The Bank of any and all liability. I agree to hold the bank harmless for said amount, as well as for all expenses and costs incurred by the bank through refusing payment of above check.

I hereby confirm all information furnished is correct and I am an authorized signer, or otherwise have authority to act, on the account identified in this statement. I attest that the debit in this Stop Payment Order was not originated with fraudulent intent by me or any person acting in concert with me. I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature: _____

Date: _____

FOR INTERNAL USE ONLY

Processed By:
Date: _____
Time: _____
Initial: _____