



# ACH Stop Payment Request

New Stop Payment Order

Cancel Existing Stop Payment Order

Date:

Customer Name:

Account Number:

Description of Debit:

Originating Company Name:

Originating Company ID:

Transaction Amount: \$  OR  Any amount.

Check Serial Number: *(only for check-related debit entries)*

**Please indicate your reason for stopping payment from the Originating Company named above by checking the appropriate box:**

- Authorization Revoked  
*(Please provide Texas Security Bank with a copy of your written revocation with the originator within 14 business days of requesting this stop payment.)*
- Other:

**Please indicate your specific choice for stopping payment from the Originating Company named above by checking the appropriate box:**

- I wish to stop all future payments from this Originator indefinitely
- I wish to stop the next payment only  
*(Future entries from this Originator are to be paid, unless I provide you with an additional stop payment order.)*
- I wish to stop a series of payments  
*Identify the payment dates, or months, of the specific payments from the Originator you wished stopped:*

**Verbal ACH Stop Payments are valid for 14 calendar days beginning the day the request is received. After 14 calendar days, if a written ACH Stop Payment Form is not signed and submitted, the stop payment will expire.**

You may email your completed ACH Stop Payment Form to [Help@TexasSecurityBank.com](mailto:Help@TexasSecurityBank.com) or fax to 469-398-4888  
Attention: Help Desk. If you have any questions, please do not hesitate to contact Texas Security Bank at 469-398-4884.

If the ACH transaction listed above has posted to your account, a Written Statement of Unauthorized Debit Form is to be completed in its entirety before the stop payment order can be processed. The Written Statement of Unauthorized Debit Form can be found: <https://texassecuritybank.com/customer-service/download-forms/>.

**A fee will be assessed to the account holder as payment for implementing this order: Fee Assessed: \$40.00**

This form acknowledges the account holder's request to stop payment on pre-authorized electronic funds transfers as indicated above. The account holder further represents that the debit transaction(s) described above was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own proper signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_