



STOP-PAYMENT ORDER

We have received instructions to place a stop payment. In order to be effective, a stop payment order must be received in time to give us a reasonable opportunity to act on it, and should precisely identify the following information:

NOTE: Your instructions are valid only if the check has not been accepted, certified, settled or paid.

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

Account Name _____

Account Number _____ Check Number _____

Amount _____ Check Date _____

Payee _____

In order to solidify this request, please forward to us this additional information:

Reason

Re-issue number (if applicable)

Re-issue date (if applicable)

FOR BANK USE ONLY
Date: _____
Time: _____
Initial _____

You may email your completed Stop Payment Form to Help@TexasSecurityBank.com or fax to 469-398-4888 Attention Help Desk.

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. **In order to be effective, a stop-payment order must be received in time to give us a reasonable opportunity to act on it, and should precisely identify the number, date, and the amount of the item, and identify the payee.** Properly signed Stop Payment Orders are effective for six months after date of acceptance and will automatically expire after that period unless renewed in writing. The above signed agrees 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 that all information and amount furnished above are correct. If the above check is paid due to incorrect information, I hereby free the Bank of any and all liability.

Signature: _____

Date: _____