

## ACH Stop Payment Order Consumer & Non-Consumer

ACCOUNT/TRANSACTION INFORMATION					
Today's Date:		☐ New Stop Payment Order		☐ Cancel Existing Stop Payment Order	
Company Name:					OR:
Last Name:		First	:		Middle Initial:
Account Number:					
Date of Del	bit:			Description of Debit:	
Name of Debit Originator:				Originating Company ID:	
Transaction Amount: \$		OR	Any Amount	Check Serial Number (if ap	plicable):
Please indicate the stop payment reason below:					
Authorization Revoked (Please provide Texas Security Bank with a copy of your <u>written</u> revocation request to the Originator within 14 business days of requesting this stop payment.					
	Other:				
Please indicate your specific stop payment order choice from the Originating Company indicated above:					
	☐ 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:					
STATEMENT & SIGNATURE					
Texas Security Bank ("The Bank") hereby agrees to abide by the rules and regulations governing ACH Stop Payment Orders. In order to be effective, reasonable notification of any stop payment order must be received by Texas Security Bank ("The Bank") prior to the Entry being presented in order to act, or after posting of Entry only to stop future Entries. The Stop Payment order must be completed in it's entirety and precisely indicate the Entry details.					
If an Entry is pending or has posted to your account, a Written Statement of Unauthorized Debit Form must be completed in order for this Stop Payment to be effective. The Written Statement of Unauthorized Debit Form can be found: https://texassecuritybank.com/customer-service/download-forms/					
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.					
Email completed forms to Help@TexasSecurityBank.com of Fax to 469.398.4888 - Attention Client Support. A Stop Payment Order fee will apply.					
If the above Entry 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 Entry. 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 on electronic funds transfers 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 in this statement is true and correct.					
Signature:			Date:		
FOR INTERNAL USE ONLY					
				Proce	essed By:

Date: \_\_\_\_
Time: \_\_\_
Initial: \_\_\_