

## ACH Stop Payment Order Consumer & Non-Consumer

ACCOUNT/TRANSACTION INFORMATION					
Today's Date:	□ New S	op Payment Order		Cancel Existing St	op Payment Order
Company Name:					<u>OR:</u>
Last Name:		First:			Middle Initial:
Account Number:					
Date of Debit:			Descrij	ption of Debit:	
Name of Debit Originator:			Origina	ating Company ID:	

## Please indicate the Stop Payment Order 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 Order.

Any Amount

Check Serial Number (if applicable):

Other:

Transaction Amount: \$

## Please indicate your specific Stop Payment Order choice from the Originating Company indicated above:

OR

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"). The Stop Payment Order must be completed in it's entirety and precisely indicate the Entry details. 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.

Subject to certain limitations, you may order us to stop payment on an automated clearing house/pre-authorized electronic funds transfer ("ACH/EFT"), or other item payable from your account as follows: For Consumer accounts, a Stop Payment Order against an ACH/EFT may be honored if received at least three (3) banking days before the scheduled date of the transfer. Stop Payment Orders must be received in writing to be effective. If we honor a stop payment request against an ACH/EFT received on or within three (3) banking days before the scheduled transfer, we do so without any liability or responsibility to any party having any interest in the entry. A Stop Payment Order against an ACH/EFT is effective until the earlier of: (i) you withdraw the Stop Payment Order, (ii) the debit entry is returned, or, where a Stop Payment Order is applied to more than one debit entry under a specific authorization involving a specific party, all such debit entries are returned. Additionally, if you request us to stop all future payments pursuant to a specific ACH/EFT authorization involving a particular party, we may require you to confirm in writing that you have revoked such authorization. For business accounts, a stop payment order, unless renewed in writing.

All Stop Payment Order requests will require you to provide the date, the amount, and the number of the item or authorization, together with the name of the payee. If you give us incorrect information, we will not be liable for failing to stop payment on the item or authorization. Our acceptance of a Stop Payment Order will not constitute a representation that the item or authorization has not already been paid or that we have a reasonable opportunity to act upon the order. You may not stop payment on an official, certified, cashier's, or teller's check issued by us, or request us to stop payment if we have otherwise become accountable for the item or authorization after acceptance of the same to stop payment on checks governed by a separate agreement, such as a check guaranty agreement. Further you may not stop payment on an item or authorization after acceptance of the same by us.

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.

Email completed forms to Help@TexasSecurityBank.com of Fax to 469.398.4888 - Attention Client Support.A Stop Payment Order fee will apply.

Signature:	Date:
	FOR INTERNAL USE ONLY
	Processed By:
	Date:
	Time:
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