

## Stop Payment

*This form is used to place a stop payment on an ACH item or check. The reason for placing a stop payment must be valid. Stop payments cannot be made on debit card transactions.*

### ACCOUNT HOLDER INFORMATION

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

### ITEM INFORMATION

Check  ACH Reissue? No \_\_\_\_\_ If yes, Check Number and Date: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payable To: \_\_\_\_\_

Reason for Stop: \_\_\_\_\_

I agree to hold the Bank harmless from and against any losses, claims or costs (including attorney's fees) incurred by (1) payment contrary to this order if such payment occurs otherwise than by a failure or exercise ordinary care, or (2) refusal to make payment of the stopped item. The Bank shall not be liable if as a result of payment of the item subject to this order, other items drawn by me are returned due to insufficient funds. I will notify the Bank promptly of the issuance of a check or item that is a duplicate of the check or item subject to this order, or upon the return of the original check. The Bank shall not be liable for payment of any item subject to the stop payment order upon the expiration or withdrawal of such order, and the Bank may, in its discretion, refuse to honor any such item pending my instructions. I may withdraw this order only in writing or in person at the bank.

**THIS REQUEST WILL AUTOMATICALLY EXPIRE AT THE END OF SIX MONTHS. FOR CONSUMERS, A REQUEST WILL EXPIRE: WITH THE RETURN OF THE DEBIT ENTRY, WHEN A RETURNED STOP PAYMENT APPLIES TO MORE THAN ONE DEBIT ENTRY, THE RETURN OF ALL SUCH DEBIT ENTRIES, OR WITH THE WITHDRAWAL OF A REQUEST. A WRITTEN RENEWAL ORDER MUST BE RECEIVED IN ORDER TO EXTEND THIS STOP PAYMENT.**

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX FORM TO DEPOSIT OPERATIONS AT (254) 947-8629 OR EMAIL TO  
CUSTOMER.SERVICE@HORIZONBANKTEXAS.COM**

**STOP PAYMENT RELEASE** *(Do not complete unless you decide you want the stop payment above to be released)*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Bank Use Only:

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Via: \_\_\_\_\_ Fee: Yes  No

Posted on NuPoint:  Date: \_\_\_\_\_ By: \_\_\_\_\_