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ACH Stop Payment Request Form

PLEASE FAX TO: (214) 441-8512
FOR ASSISTANCE CALL: 844-FHLBANK

Stop Payment Requests must be received within a reasonable timeframe prior to receipt of the below referenced item in order for Federal Home Loan Bank of Dallas to stop and return the item within timeframes allowed by NACHA.

STOP ITEM INFORMATION – ITEM NOT YET RECEIVED

TRANSFER TYPE: DEBIT CREDIT BOTH

COMPANY ID: _____ ACCOUNT NUMBER TO PLACE STOP ON: _____

EXACT AMOUNT TO STOP: _____

OR

MINIMUM AMOUNT: _____ MAXIMUM AMOUNT: _____

REASON FOR STOP: _____

EFFECTIVE DATE OF STOP PAY: _____ EXPIRY DATE: (IF LESS THAN 6 MONTHS): _____

I am requesting that a Stop Payment be placed in regards to the above referenced item. I understand this Stop Payment Request will remain in effect for six months unless I designate a short expiry date, or I renew it in writing by submitting another ACH STOP PAYMENT REQUEST FORM at a later date.

Signature: _____

Name (Please Print): _____

FHLB USE ONLY

REQUEST AUTHORIZED BY DDA INDIVIDUAL

STOP PAY ADDED

EVERY CALENDAR ENTRY ADDED