

VISA PREAUTHORIZED PAYMENT CANCELATION FORM

Member Account #: _____

Member Name: _____

Member Street Address: _____

Member City/State/Zip: _____

Debit Card #: 4 6 3 4 1 3 0 0 0 0 __ __ _____

Merchant: _____

Date of last payment from my account (if applicable): _____

I hereby request to revoke (cancel) a preauthorized payment arrangement I have with the above noted merchant. As per this cancellation, I wish to stop all future preauthorized payments to this particular merchant. I understand that if upon receipt of this cancellation request, there is a pre-approved authorization outstanding for a payment from this merchant, the Credit Union will not be able to stop the payment and this cancellation will only be valid for any future payments for this merchant. I also understand that the merchants name must be noted exactly as it appears on my account statement in order for the system to stop any future payments. I further understand there is a \$25 fee for this cancellation request.

I hereby request to stop a single payment, which should post to my account between _____ (date) and _____ (date) for an amount of \$_____. I understand that if the information provided does not match the processing transaction exactly, the system will not be able to stop the payment. I further understand that there is a \$25 fee for this stop payment request.

Member Signature

Date