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FAFCU.org

VISA® RECURRING PAYMENT CANCELLATION

- This stop payment/revocation request does not release you from the obligation to pay for goods and services you purchased.
- This form must be submitted a minimum of five (5) business days prior to the expected transaction date.
- Revocation requests expire one (1) year from the date of the request.*
- Stop exact dollar amounts are good for ninety (90) business days after the scheduled due date for this payment.**
- Carefully complete all the information on this form. Failure to enter correct information may result in the payment being processed.

Member Information

Member Name (First, MI, Last)	Account Number
Daytime Phone Number	Email Address
Street Address	City, State, Zip Code

Action Requested (select one)

- ☐ Revoke all future payments to the merchant listed below and cancel my preauthorization.*
- ☐ Stop this exact dollar amount only**: \$ _____

I notified the merchant of my intent to cancel recurring payment(s). ☐ No ☐ Yes, date notified: _____

Merchant Name	Transaction Amount
Expected Transaction Date	VISA Card Number

Member Authorization & Acknowledgement

This form affirms my request to stop payment on the pre-authorized card transaction(s) detailed herein. My signature must appear below for this request to be valid. I agree to hold harmless and indemnify F&A Credit Union for all liability associated with the processing or return of future transactions. I understand that the Credit Union is not liable if payment is made because of my failure to meet the advance notice requirements of five (5) business days, or my failure to furnish thorough and accurate information.

A \$10 FEE WILL BE ASSESSED FOR ALL STOP PAYMENT REQUESTS.

Member Signature (required)

Date

FOR CREDIT UNION USE ONLY

Employee Name	Date Processed
Date of transaction	Amount