VISA PREAUTHORIZED RECURRING PAYMENT CANCELLATION FORM

F&A Federal Credit Union
For Them it's Business.
For Us it's Personal.

2625 Corporate Place, Monterey Park, CA 91754-7645
Mailing Address: P.O. Box 30831, Los Angeles, CA 90030-0831
323-268-1226, 800-222-1226, Fax: 323-269-6607, www.fafcu.org

Member Name and Address:	Daytime Phone Number:	Member Number:
	Email:	Date:

Add ☐   Date _____   Notified merchant: Yes ☐   No ☐

As of the above date, I (we) _____hereby notify F&A Federal Credit Union to terminate the preauthorized recurring Visa payment listed below:

Visa Card Number _____

Please choose from one of the two options below:

☐ Revoke **all** future payments to the indicated merchant.*

☐ Stop exact dollar amount indicated below **only**.**

Transaction amount:	Original or Expected Transaction Date:
Merchant Name:	Country:

*Revocation orders expire one (1) year from request date.

**Stop orders are good for ninety (90) business days after the scheduled due date for this payment.

In addition to notifying F&A Federal Credit Union of my cancellation, I will keep a copy of this notice for my records. I understand that the CU must receive this cancellation form at least five business days prior to the scheduled date of the payment to ensure cancellation. Failure to receive written confirmation may require you to honor the payment.

This stop/revocation order does not release you from the obligation to pay for goods and services purchased from merchants.

I understand that a $10.00 fee will be charged to my account for this service. I (we) will indemnify F&A Federal Credit Union from any and all liability associated with the processing or return of future entries.

Member Signature (required):	Date:

For Credit Union use only:

Employee's Name and Teller ID:		Date:
Date of last recurring transaction:	Company Name:	Amount:
Stop Payment Order Type:	Date Processed:	Employee Name: