



**Stop Payment Request for
Recurring Visa Transaction(s)**

Cardholder Name: _____

Account #: _____ Visa Debit Card number: _____

Merchant Name: _____

City: _____ State: _____ Country: _____

Last transaction date: _____ Transaction amount: _____

Cancellation Type

Cancel a **one-time** payment authorization. Date of next expected payment: _____

Cancel **all** future recurring payments

Service fee of \$25.00 will be charged to checking account.

Please place a stop payment on a one time payment authorization or all future recurring payments as selected above. I understand that this request will be effective after one payment has already paid from my account. I understand that this request will cease to be effective six months from the date shown below unless it is previously cancelled or renewed in writing by me. I understand that this request does not void any agreement or contract held between the merchant and me. Xceed Financial Credit Union will not be held liable for payment contrary to this request unless payment is caused by Xceed Financial Credit Union's negligence and causes actual loss to me. Xceed Financial Credit Union's liability shall not in any event exceed the amount of the payment. I agree to reimburse Xceed Financial Credit Union for any loss it sustains in honoring this request.

Date

Member Signature

Please return signed and completed form to

Xceed Financial Credit Union, Attn: Card Processing

888 North Nash Street, El Segundo, CA 90245-2819 or fax to 310.322.8961.

Office Use Only

Date Received _____ Name _____

Signature _____