



**PRE-AUTHORIZED RECURRING PAYMENT TERMINATION FORM
VISA DEBIT CARD**

Date ___/___/_____

As of the above date, I(We), _____ hereby notify Parsons Federal Credit Union to terminate the Pre-Authorized VISA Debit Card payment listed below:

Parsons Federal Credit Union Account Number: _____

Parsons Federal Credit Union VISA Debit Card Number: _____

Please select from one the two options below:

____ Terminate all future payments to the merchant indicated below.*

____ Stop only the exact dollar amount indicated below.*

Merchant Name: _____

Transaction Amount:\$ _____

Original or Expected Transaction Date: _____

Country: _____

Merchant Notified? ___ YES ___ NO

In addition to notifying Parsons Federal Credit Union of this Pre-Authorized Recurring VISA Debit Card Payment Termination, I will keep a copy of this notice for my records. I understand that this cancellation form must be received by the Credit Union at least three (3) business days prior to the scheduled transaction date to ensure termination. I understand that the Credit Union may be required to honor the payment if I fail to provide timely notice of termination.

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

I (We) will indemnify Parsons Federal Credit Union from any and all liability associated with the processing or return of future transactions.

Primary Account Holders Signature

Date

Joint Account Holders Signature

Date

For Card Services Use Only
Date of last recurring transaction: _____
Company Name: _____
Amount: _____
Stop Payment Order Type: _____
Date Processed: _____
Employee Name: _____

*Termination and Stop orders expire one (1) year from date of original request.