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.