



360 North Wood Avenue • Linden, New Jersey 07036  
Phone: 908-862-6966 • Fax: 908-523-6119

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

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Visa Debit Card number: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Last transaction date: \_\_\_\_\_ Transaction amount: \_\_\_\_\_

**Cancellation Type**

- Stop payment order-** Stops a single specific preauthorized payment to a single merchant.
  - **Date of next expected payment:** \_\_\_\_\_
- Revocation of authorization order-** Stops all future preauthorized payments to a particular merchant.
  - **Automatic bill cancellation confirmation number:** \_\_\_\_\_
  - **A copy of the payee revocation of authorization letter is attached** \_\_\_\_\_ **(Cardholder initial)**

**Terms and Conditions**

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 been paid from my account. I understand that a request to cancel recurring payments will cease to be effective twelve 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. Motion Federal Credit Union will not be held liable for payment contrary to this request unless payment is caused by Motion Federal Credit Union's negligence and causes an actual loss to me. Motion Federal Credit Union's liability shall not in any event exceed the amount of the payment. If the stop payment order is received within **three** banking days of the expected transfer date, the financial institution will attempt to satisfy the request of the account holder, but will not be held liable if sufficient time or data was not provided. I agree to reimburse Motion FCU for any loss it sustains in honoring this request.

**A charge of \$25.00 will be assessed from your checking account as payment for implementing this order.**

I FURTHER DEPOSE AND SAY THAT THE TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY PERSON ACTING IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return signed and completed form to:**

Motion Federal Credit Union,  
Attn: Operations Department  
360 North Wood Avenue  
Linden, NJ 07036

**Or you may fax your request to: (908) 523-6119**

----Credit Union Use Only----

Date Received \_\_\_\_\_ Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_