



Debit Card Stop Payment Request

FAX BACK TO 512-458-5798

Mail to: GTFCU 6411 N. Lamar Blvd Austin, TX 78752

- ➔ This form only stops recurring transactions. This form cannot stop transactions that have been authorized or are currently pending against your account. This form cannot stop future one-time (non-recurring) transactions for items, services or fees that fall outside your normal billing cycle with the merchant.
- ➔ You may only stop payment to a merchant who has charged your card at least once. We cannot stop your first payment to a merchant. In those cases, we recommend that you speak to the merchant or cancel your card outright.
- ➔ If you are expecting the merchant to charge your card in the next 72 hours, GTFCU will not be able to stop the transaction. In those cases, we recommend that you speak to the merchant or cancel your card outright.
- ➔ Please verify that this stop payment does not violate your contract with the merchant.

I WANT TO STOP: _____ ***the next payment*** _____ ***all future recurring payments***

Name: _____

Checking Account Number: _____

16 Digit Visa Debit Card Number: _____

Merchant you are stopping payment to: _____

Date the merchant last charged your card: _____

By signing below, I (primary or joint member on account listed above) agree to all conditions listed on this form as well as the following terms: I authorize Greater Texas Federal Credit Union (Greater Texas) to stop either the next or all Visa debit card authorization attempts from the merchant named on this form. I understand that Greater Texas cannot guarantee that my stop payment will be approved or honored by the merchant. I agree that my request does not absolve my monetary obligation to the merchant nor does it cancel my service with the merchant. I agree that I am responsible to furnish the merchant with another form of payment to cover future recurring obligations and that I am responsible for notifying the merchant of this stop payment request in writing as per any agreement or contract I have with the merchant and that I will make such notification to the merchant available to Greater Texas upon request. I agree that the merchant may continue to use the card number listed above to collect one-time transactions for items, services or fees that fall outside my normal billing cycle and if I wish to stop one-time payments in addition to recurring payments I agree to contact Greater Texas to request that my card be cancelled outright. I agree to hold Greater Texas harmless in the event that the merchant is able to secure payment through other means. I understand and agree that my honored stop payment request may remain in effect permanently and that it is my responsibility to notify Greater Texas should I wish to revoke my stop payment request.

Signature: _____ Date: _____

Faxed/Mailed by _____ Processed by _____ Date _____