## Stop Payment Request for Recurring Debit or Credit Card Transaction

DCU offers you the option of stopping payment on any recurring Debit or Credit Card Transaction provided it has not yet been presented to DCU for payment.

If your card is being used for a subscription or other recurring purchase and you have attempted to cancel the recurring transaction, use this form to request a stop payment.

**Please note:** To view fees related to your account, go to DCU's Schedule of Fees and Service Charges (www.dcu.org/content/dam/dcu/pdfs/FeesandServiceCharges.pdf)

A stop payment cannot be requested for a transaction which is already pending or has already posted to your account. Please review your account activity carefully prior to submitting your stop payment request. If the transaction has already posted and you wish to dispute the transaction, please submit a Visa Dispute Service Request form instead.

### To speed the processing of your request, follow these steps:

- 1. Fill out the Stop Payment Request completely and sign it. **Incomplete, unsigned, or illegible requests will result in delays.**
- 2. Submit your completed form to DCU by:
  - Faxing your form to the Card Services Fax Line at 508-463-1347, OR
  - Email to visa-disputes@dcu.org, OR
  - Mail your completed form to:

Digital Federal Credit Union Attn: Card Services 853 Donald Lynch Blvd. PO Box 9310 Marlborough MA 01752-9130

Note: Emails sent to the address above are not encrypted, so you should not use this email to send account numbers or other personal information.

### What You Can Expect

- Stop Payment of Recurring Debit or Credit Transaction Requests are typically processed within 2 business days of receipt.
- If you mail your completed form to us, allow 2 weeks for postal delivery and DCU processing.

Please note that incomplete forms cannot be processed.

1

# Stop Payment Request for Recurring Debit or Credit Card Transaction

#### Member Information:

Member Name				
Phone		Last 4 digits of D	Last 4 digits of Debit or Credit Card Number	
Transaction Details:				
Merchant Name				
Merchant's City	State	Coi	untry	
	\$			
Last Transaction Date	Last Transaction Ar	Last Transaction Amount Next Expected Transaction D		
Date cancellation notice provide	d to merchant:		-	
Cancellation Type (select	one):			
Stop Payment Order – stop	s a single specific preauthoriz	ed payment to a single m	erchant.	
Date of next expected				
Revocation of authorization	n order – stops all future preau	thorized payments to a pa	articular merchant.	
Automatic bill cancella <sup>†</sup>	tion confirmation number:			
• A copy of the revocation	on of authorization correspond	ence with the merchant is	s attached.	
Reason for stop payment:				

as reflected in the transaction details above. I understand that this request does not void any agreement or contract held between the merchant and myself. I understand that this request to stop recurring payments will cease to be effective twelve (12) months from when it is first imposed unless it is previously canceled or renewed in writing by me. By directing DCU to stop payment on this item, I agree to hold DCU harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees that are incurred as a result of DCU having acted on this Stop Payment Request. Further, I understand that this Stop Payment Request must be received in time to give DCU reasonable time to act on it and must be received <u>no less than three (3) business days prior to the expected transaction date</u>. DCU will not be held liable if sufficient time and/ or data were not provided. I understand and agree that, for processing this Stop Payment Request, DCU will charge a Stop Payment Fee to my DCU Account as reflected on <u>DCU's Schedule of Fees and Service Charges</u>.

Member Signature

Date