



REQUEST TO STOP PAYMENT VISA/DEBIT ACTIVITY

Name _____

Account Number _____

Card Number _____

Merchant Name _____

Amount Debited/Charged _____

Date Debited/Charged _____

_____ I previously authorized the Merchant to debit funds from my account.

_____ I canceled services on _____ via _____.

I request to Stop Payment for any future Debit/Charges from the Merchant whose name appears above.

I further depose and state that the transaction was not originated with fraudulent intent by me or any person acting in concert with me, and that the signature below is my own legal signature.

Date: _____

Signature _____

NOTE: This affidavit must be completed and returned promptly to Vons Credit Union

I understand my Financial Institution account will be charged \$20.00 per merchant to process my request. Please also be advise Vons Credit Union I can not guarantee that the Merchant will adhere to this request and may force post a payment to the account. In the event that occurs, please contact Vons Credit Union and we will be pleased to reverse the \$20.00 fee.

FAX 626-350-1400