Debit Card Stop Payment Request
For Reoccurring Transactions Only

HAWAII CENTRAL
FEDERAL CREDIT UNION

681 South King St.
Honolulu, HI 96813
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Section 1: Member Information

Date: _____

Debit Card #: _____ Member #: _____

Member Name: _____

Member Signature: _____

Phone Number: _____ Email: _____

Section 2: Merchant Information

Merchant Name: _____

Last Posted Date: _____ Last Transaction Amount: $ _____

Amounts Varies: ☐ Yes ☐ No   Stop Amount: $ _____ ☐ Stop all amounts

Credit Union Use Only

Date received: _____ Taken by initials/Teller #: _____

Submitted Date: _____ Confirmation Date: _____

Fee Charged: ☐ Yes ☐ No