

# Stop Payment Form

The purpose of this form is to stop a series of payments, stop future payments, or terminate payment authorization for a certain originator. Please email your completed form to: [disputes@xworldwallet.com](mailto:disputes@xworldwallet.com)



## Part 1: Confirm basic info


Please complete each item in this section, so we can locate your account.

Name		Last 6 digits of your card
Address	City	Post Code
Phone Number	Email Address	

## Part 2: Tell us about your problem

Please check the option which BEST describes your issue (choose only one).

- I wish to stop a series of payments**  
Please identify the specific payments you wish stopped.

 3 business days notice **before** the expected payment date is required.

Date	Originator	Amount	Currency
Date	Originator	Amount	Currency
Date	Originator	Amount	Currency

- I wish to stop all future payments from this Originator indefinitely**

 3 business days notice **before** the next payment date is required.

Originator

- I have terminated my authorization with this Originator**  
Note, you will be required to complete a Dispute Resolution Form prior to the re-crediting of your account for any transactions already posted that you wish returned.

 3 business days notice **before** the next payment date is required.

Originator

## Part 3: Signature & consent

Authorize our team to perform this request for you.

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The Cardholder understands that it is necessary to provide the correct information related to the transaction, and that failure to do so may result in the payment of the above entry(ies).

The Cardholder agrees to hold harmless and indemnify X World Wallet® for all expenses, costs, and damages, including attorneys' fees and costs, incurred by the payment of the above item if such payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely, accurately, and correctly.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order.

Fee Assessed

**USD 10.00**

This form acknowledges the Cardholder's request to stop payment on pre-authorized electronic funds transfers as indicated above. Unless the Cardholder's signature appears below, the request was orally made and shall not be binding on X World Wallet® beyond 14 days from the date of this form unless confirmed in writing by the account holder within the 14 day period.

I further depose and say that the debit transaction(s) 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 foregoing is true and correct.

Cardholder Name (Print)

Cardholder Signature

Date

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### CONTACT US:

[support@xworldwallet.com](mailto:support@xworldwallet.com)

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