

Request to Stop a Member Cheque

ACCOUNT DETAILS

Account Name

Address

Member Number

Account Number

Contact numbers
(H) (W)

CHEQUE DETAILS

Please place a stop payment on the following cheque(s):

Cheque number	Date	Amount	Payee
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	
	/ /	\$	

Please place a stop payment on the following cheque book

First cheque no.

Last cheque no.

Please issue a replacement cheque book

SIGNATURE / DECLARATION

I/we agree that these instructions shall not be operative if the above cheque(s) has/have been presented to and paid by The Shire ...Local Banking prior to the time of receipt of this form by The Shire ...Local Banking.

I/we acknowledge that I will be charged a fee if the cheque is presented. The fee charged is in accordance with the Fees and Charges brochure issued from time to time by The Shire ...Local Banking.

Account owner 1

Date / /

(if the account requires 2 signatures to operate)

Account owner 2

Date / /

Office Use Only

MSO No.

Date received / /

Cheque(s) stopped

Branch No.

Time am / pm

Processed by

Signature verified

Date processed / /

New book ordered

Send form to Administration for filing