

Cheque Stop Payment Notice

CORPORATE CHEQUE

MEMBER/S NAME:			
MEMBER NUMBER:		SERIAL NUMBER:	
AMOUNT:		DATE DRAWN:	
MADE PAYABLE TO:			
REASON:	<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MISPLACED <input type="checkbox"/> OTHER (Please specify) _____		

THE CREDIT UNION WILL NOT STOP PAYMENT ON A CORPORATE CHEQUE UNLESS IT HAS BEEN LOST, STOLEN OR BECAUSE IT HAS BEEN MISPLACED.

I/We hereby indemnify the Credit Union against any loss or claim that may arise from any cause whatsoever in consequence of the Credit Union stopping payment on this cheque.

I/We also undertake to return the original cheque to the Credit Union if it is ultimately located.

SIGNED:	PLEASE SIGN HERE	DATE:	
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OFFICE USE ONLY

NAB ADVISED:		TIME:	
NAB REF:		P45 - TO RECORD STOP:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACTIONED BY:		P40 - TO RETIRE CHEQUE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPROVED BY MANAGER:		DATE:	