

Stop Payment Request for a Cheque

credit union		Please indicate which type of cheque for this request: Counter cheque* Personal cheque				
Date /	/ [(dd	l/mm/yyyy)	*	u.	
Member Number Cheque book linked to account S						
Preferred Title Member Name						
Address			¥			
City			State		Postco	ode
Email/s		5				
Home Phone/s	Mobile Phone/s					
I/we request Orange Credit Union to stop payment on the following cheque(s)						
Cheque Number Date Dra		wn		Payee		Amount \$
	,					
The reason for this request to stop payment is:						
* Please note: Counter cheques can only be stopped if lost or stolen						
INDEMNITY						
Please do not pay on the cheque specified above on presentation. In consideration of your acting on my request I agree to indemnify the Credit Union against claims made by all persons, arising out of the stopped payment on the cheque, claiming to be injured as a result of the Credit Union's acceptance of these instructions. I understand that you cannot act on my request if the cheque has been paid before you received my request.						
Please note that Cuscal may charge a fee to your account with us in relation to your stop payment.						
Signature 1 Signate			Signatu	re 2		
OFFICE USE ONLY						
If the address has been amended, please complete section below:				PERSONAL CHEQUE		
Security questions asked and updated				Date Loade	ed:	Time:
		☐ Yes	☐ No	Load CC1		Op No
Address amended: (P & R - edit `Address Details')		Yes	No	COUNTER CH	HEQUE	
Other services notified (MyCard, QBE):		Yes	☐ No	Op Numbe		Date:
Linked member address updated?		☐ Yes	☐ No	Load CC	140	(BDS Trains 50)
Received by: Op. No Date: Time				DR:15.11.1 CR:		(BDS Trans-52)
Member Signature Verified:						
Address details checked: (P & R)				\$ Date funds processed		
Cheque Link Number:				Date P45 processed		