

Cheque Stop Payment Notice

MEMBER CHEQUE

MEMBER/S NAME:	
MEMBER NUMBER:	

MEMBER CHEQUE DETAILS

FIRST SERIAL NUMBER:		LAST SERIAL NUMBER:	
AMOUNT:		DATE DRAWN:	
MADE PAYABLE TO:			
REASON FOR STOP:			

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 acknowledge that if the cheque is presented I/we will meet all costs associated with dishonour of the cheque.

SIGNED:	PLEASE SIGN HERE	DATE:	
SIGNED:	PLEASE SIGN HERE	DATE:	

OFFICE USE ONLY

MEMBER CHEQUE

<input type="checkbox"/> CC 140 - TO LOAD STOP	<input type="checkbox"/> CC 90 - TO REDEEM CHEQUE BOOK
ACTIONED BY:	DATE: