

Request to stop payment on personal cheque



Name/s: _____

Member No: _____

Address: _____

_____ State : _____ Postcode: _____

Telephone: (Business) _____ (Home) _____ (Mobile) _____

I/We give instruction that the cheque specified below, which has been drawn, is not to be paid upon presentation to the Credit Union, and that in accordance with the terms and conditions contained in the Members' Cheque Scheme as per the Laboratories Credit Union Account and Account Access Facility Conditions of Use, I/We indemnify the Credit Union and hold the Credit Union harmless against claims made by any person or persons whatsoever claiming to be injured as a result of the Credit Unions' acceptance of these instructions.

It is agreed that these instructions shall not be operative if the subject cheque has been presented to and paid by the Credit Union prior to the time of receipt of these instructions by the Credit Union

Cheque serial number	
Date drawn	
Payable to	
Amount	

Signature

Signature

Date

Office Use Only:

Cheque link number _____ Date received _____

Date loaded _____ Time received _____

Time loaded _____ Signed _____