



Stop Payment Request

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



MEMBER DETAILS

Member Name _____ Member Number _____
Account Name _____ Account Number _____

STOP PAYMENT

Please **stop payment** on the following cheque:

Member Cheque Corporate Cheque

Cheque Number _____ Amount _____

Cheque Payee _____ Cheque Date ____/____/____

Corporate Cheque Instructions:

Reissue Cheque Cheque funds back to my/our account

OR

Please **stop payment** on the following series of member cheques:

Cheque Number _____ to Cheque Number _____

I require a replacement cheque book to be sent to me:

Yes No

The cheque(s) is/are stopped for the following reason:

Cheque(s) lost Cheque(s) damaged Cheque(s) destroyed

AUTHORITY

By making this request I/we indemnify Nurses First against any loss whatsoever caused by cancellation of the above cheque(s).
Cancellation of a cheque will incur a fee of \$15.

Authorised Signature (as per current signing authority)

X

 Name _____ Date ____/____/____

Signature One

X

 Name _____ Date ____/____/____

Signature Two

OFFICE USE ONLY

Stop payment received by:

Officer _____ Operator No. _____ Date ____/____/____ Time _____

System checked for presentation _____/____/____

New cheque book ordered _____/____/____

Corporate cheque stopped at bank _____/____/____

Member cheque stop input _____/____/____

Account credited _____/____/____