



Cheque Stop Payment Notice

1 MEMBER DETAILS	
Member Number:	Member Name:
2 MEMBER CHEQUES	
I/we request that the Bank stop payment on the	cheque(s) detailed below:
Cheque details:	Name and address of Member Bank: Name:
Date Drawn:	Amount:
Cheque details:	Name and address of Member Bank: Name:
	valle and dearess of Member Bank. Name.
Date Drawn:	Amount:
3 CORPORATE CHEQUES	
Cheque details:	Name and address of Member Bank: Name:
Date Drawn:	Amount:
Cheque details:	Name and address of Member Bank: Name:
Date Drawn:	Amount:
4 > FOR MULTIPLE CHEQUES	
Cheque Serial Number FROM:	ТО
*I/we understand that the Bank will not stop pay	yment on a corporate cheque unless it has been lost, stolen or because it has been misplaced.
I/we hereby indemnify the Bank against any los payment on this cheque.	ss or claim that may arise from any cause whatsoever in consequence of the Bank stopping
	nal cheque is presented after a stop has been applied. No fee is payable for counter cheque if the
cheque is returned to the Bank.	
Signature:	Date:
Signature:	Date:
OFFICE USE ONLY:	
	Cheque Digit: Member □I have cancelled the Members Cheque and loaded Client Diary message accordingly
☐ I have explained to the Member that the Corporate Cheque: (Finance & Corporate t	ey need to notify the other party of the Stop Payment to action) NAB Advised Date: Time: NAB Statement checked to:
Operator No: Operator Signature:	Date:
email:mail@unitybank.com.au	Drop it into Mail it to PO Box K237 Haymarket NSW 1240
We're here to help	a branch
- WO'RO BOROTO BOID	

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