

**About You** (PLEASE PRINT IN BLOCK LETTERS)

Membership Number

Title  Given Names  Surname

Contact Home phone  Mobile   
Details Work phone  Email

**Cheque Details** (PLEASE PRINT IN BLOCK LETTERS)

Cheque Number  Date Issued  /  /  Amount \$

Payable to  Replacment Cheque Required  Yes  No

**Declaration**

I/We give instruction that the cheque specified below, which has been drawn by SCU, is not paid upon presentation to the Credit Union as the cheque has been:

**Please tick one**  Lost  Stolen  Destroyed

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 Union's acceptance of these instructions. I/We understand that a "Stop Payment" fee of **\$45.00** will be charged to my/our account.

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.

I/We acknowledge that the funds, from the cancellation of this cheque, will not be credited to my/our account for 24hours from this notification of cancellation.

Signature  Signature

X  Date / /  X  Date / /

**Office Use Only (Branch)**

Date & Time Received

Accepting Operator Name & Number

Send to Finance Unit

**Office Use Only (Finance)**

- P102 checked (@CHQ)
- P45 Loaded
- Journal Processed
- P40 Chq Retired
- Chq Drawn (if required)

Operator Name & Number  Date