

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)

Please tick one option below

Individual Cheque

Cheque Number Date Issued / / Amount \$

Payable to Cheque is (please tick one) Lost Stolen Destroyed

Part / Whole Cheque Book

To Cheque Serial Number To Cheque Serial Number

Cheque is (please tick one) Lost Stolen Destroyed

Declaration

I/We understand if the above cheque/s are presented that a "Stop Payment" fee of **\$45.00** will be charged to my/our account.

I / We give instructions that the cheque specified below, which has not been drawn, is not to be paid upon presentation to the Credit Union, and that in accordance with the conditions of the member's Application and Agreement for Issue and Use of Personalised Cheque Forms, the member indemnifies the Credit Union and holds the Credit Union harmless against any claims made by any person or persons whatsoever claiming to be injured as a result of the Credit Union's 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.

Signature Signature

X Date / / X Date / /

Office Use Only (Branch)

To be actioned immediately by the receiving officer

Check cheque/s for presentment

Reference Number

Operator Name & Number Date