



# Stop Payment Request

Police & Nurses Credit Society Limited  
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## 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  Other

## AUTHORITY

By making this request I/we indemnify Police & Nurses 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 \_\_\_\_\_/\_\_\_\_/\_\_\_\_