



# Confirmation of Stop Payment on a Counter Cheque

Attention: Finance Department  
Police Department Employees' Credit Union

Fax No: (02) 9561 2989

I/We request that you stop payment on the Counter Cheques listed below.

I/We understand that the Credit Union takes no responsibility for the stoppage of such cheque(s) or for a failure to stop such payment.

In consideration of your stopping payment on cheque(s) specified below issued by you on my/our behalf, I/We hereby indemnify you against any claim or costs arising out of your stoppage of payment and will immediately pay the amount thereof upon demand by you. I/We also authorise you to deduct from any monies held by you in any account of any such claim or costs.

Cheque No.

Date Drawn

Payable to

Amount

Reason

I would like a new Counter Cheque issued?  Yes  No

I would like my account re-credited  Yes  No

Member Name

Member Number

Signature (1)

Signature (2)

Date

**OFFICE USE ONLY**

Date Received

Received By

Bank Reference