



Request to Stop Payment on a Lost or Stolen Member Cheque

| | | | |
|---------------------|--|-----------|--|
| Member number | | | |
| Surname | | | |
| Given Names | | | |
| Residential Address | | | |
| Suburb | | | |
| State | | Post Code | |
| Phone Number | | | |

Cheque Details

| | |
|----------------------|---------------|
| Account Number | |
| Link Number | |
| Cheque serial number | |
| Date Drawn | |
| Amount | \$ |
| Payable to | |
| Reason | LOST / STOLEN |

In accordance with the provisions of the Member Chequing Scheme I give instructions that the cheque specified above which has been drawn is not to be paid upon presentation to Cairns Penny Savings & Loans Limited (CPSL).

I indemnify, and agree to keep indemnified, CPSL against all claims, suits, demands, costs and judgements whatsoever which may be made by any person or persons claiming to be injured as a result of our 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 Indue prior to the time of receipt of these instructions by CPSL.

I understand that the relevant dishonour fee will apply if this cheque is presented for payment.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
| Signature | | Date | |

| Office use only | | | |
|--------------------|-----|----------------|-----|
| Signatures checked | Y/N | System Updated | Y/N |
| Checked by | | Completed by | |
| Date received | | Time received | |