



## 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	