

Bank cheque stop payment request

What are your personal details?

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>
Street no. & name	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							

What are the cheque details?

I request the Bank to stop payment on the below bank cheque and declare that the cheque has been (please circle).

Lost Stolen Not received

Cheque drawn from account type	<input type="text"/>				
Cheque amount	<input type="text"/>	Cheque number	<input type="text"/>	Date cheque drawn	<input type="text"/>
Payee	<input type="text"/>				

Is a new cheque required? NO YES (complete below)

Cheque payable to	<input type="text"/>		Amount \$	<input type="text"/>		
Address	<input type="text"/>					
Suburb	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>

Please sign below in black pen only




- ▶ I declare that I am a duly authorised representative of the payee.
- ▶ In consideration of compliance with this request, I hereby agree to indemnify the Bank and to keep it indemnified from and against all losses, costs or damages it may sustain, incur or be put to by reason of the cheque being at anytime paid or presented for payment and against all claims and demands which may be made in respect thereof by any person or persons claiming to be the legal holders thereof or in any way interested therein, and I undertake to pay such losses, costs and damaged on demand.
- ▶ It is agreed that these instructions shall not be operative if the above cheque has been presented to and paid by the Bank prior to the time of receipt of these instructions by the Bank.

Signature of account holder	<input type="text"/>	Date	<input type="text"/>
-----------------------------	----------------------	------	----------------------

Office use
only

Member no	<input type="text"/>
Operator no	<input type="text"/>
Date actioned	<input type="text"/>
Sig verified by	<input type="text"/>

Returning this form

	Firefighters Mutual Bank Reply Paid 7501 Silverwater NSW 2128		
	(02) 9735 9227		contactus@fmbank.com.au