

Stop Payment Request Form



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
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MEMBER DETAILS

Primary Member

Member number _____

Title _____ Surname _____

Given name/s _____

Account number _____ Account name _____

Secondary Member

Member number _____

Title _____ Surname _____

Given name/s _____

CHEQUE STOP PAYMENT

Please stop payment on the following cheque: member cheque bank cheque

Cheque number _____ Amount _____

Cheque payee _____ Cheque date _____

Bank 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

DIRECT DEBIT STOP PAYMENT/CANCELLATION

Details of direct debit nominated account:

BSB _____ Account number _____ Account name _____

I/We request to stop a direct debit until further notice cancel a direct debit

Direct debit company name (eg. Telstra) _____

Date of last debit _____ Direct debit user ID number (if known) _____

AUTHORITY

By signing this authority, I/we indemnify P&N Bank against any loss whatsoever caused by cancellation of the above cheque/s or direct debit. I/We am aware that I/we am/are still responsible for any direct debit transactions that are presented after making this request, whether or not P&N Bank has processed this request. I/We acknowledge that this request will stop all direct debits with this company.

Primary member's signature

Date _____

Secondary member's signature

Date _____

OFFICE USE ONLY

Officer _____ Operator no. _____ Signature _____ Date _____

System checked for presentation _____ / _____ / _____

New cheque book ordered _____ / _____ / _____

Bank cheque stopped at bank _____ / _____ / _____

Member cheque stop input _____ / _____ / _____

Account credited _____ / _____ / _____