

Stop Cheque Request



Form 12

RETURN TO: UNITING FINANCIAL SERVICES PO Box A2178 Sydney South NSW 1235 / Level 3, 222 Pitt Street Sydney NSW 2000
Telephone: 1300 133 673 Fax: 02 9267 4965 Email: contactus@unitingfinancial.com.au Website: unitingfinancial.com.au

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Please use BLOCK LETTERS

I authorise Uniting Financial Services to Stop Payment on the below cheque if it has not yet been paid. I understand a fee may be applied to the Cheque Facility if the cheque is presented.

Investment name	<input type="text"/>				
Cheque Facility number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>				
Issue date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Payee	<input type="text"/>				
Reason for request	<input type="text"/>				

INDEMNITY:

I/We hereby acknowledge and agree that by accepting this stop payment request, Uniting Financial Services does not make any representations about the previous or future payment of the cheque and will not be liable for any such payment or non-payment thereof. I/We hereby indemnify Uniting Financial Services against any direct or indirect loss, claims, actions or demands resulting from the payment or non-payment of the cheque, and hereby undertake to immediately deliver such cheque to Uniting Financial Services or notify you promptly in writing if the cheque is known to have been destroyed. I/We have read and understood the matters specified in this form, and agree to be bound by the terms herein.

Authorised signatory – SIGN BELOW

Full name

Date / /

Authorised signatory – SIGN BELOW

Full name

Date / /

OFFICE USE ONLY

Input by	<input type="text"/>	Time notice received	<input type="text"/>
Checked by	<input type="text"/>	Service Officer name	<input type="text"/>
		Service Officer signature	<input type="text"/>



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