## **Stop Cheque Request**





This form may be lodged with Uniting Financial Services or posted to:

**Uniting Financial Services PO Box A2178** Sydney South NSW 1235



Need help or have a question?

Call us on 1300 133 673 Visit us at unitingfinancial.com.au Email us at contactus@unitingfinancial.com.au

Please use BLOCK LETTERS in BLACK OR BLUE PEN ONLY and vick required choices

STEP 1 – CHEQUE AND FACILITY DETAILS						
Investment name						
Cheque facility number	Cheque number	Amount		Issue date		
		\$		DD/MM/YYYY		
Payee						
Reason for request						

## **STEP 2** – AUTHORISATION

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 1		Authorised signatory 2		
SIGN HERE		SIGN HERE			
Print full name			Print full name		
	Date DD / MM / Y Y Y Y		Date DD / MW / YYYY		

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STEP1



STEP 2