Remove a Stop Payment Request

MEMBER DETAILS

Primary Member	**Secondary Member**
Member number _____	Member number _____
Title _____ Surname _____	Title _____ Surname _____
Given name/s _____	Given name/s _____

Account number _____   Account name _____

CANCELLATION OF CHEQUE STOP PAYMENT

Please cancel the stop payment on the following cheque:

Cheque number _____   Amount _____

Payee _____   Date _____

OR

Please cancel the stop payment on the following cheque:

Cheque number _____   to   Cheque number _____

CANCELLATION OF DIRECT DEBIT STOP PAYMENT

Details of direct debit nominated account:

BSB _____   Account number _____   Account name _____

I/We request to cancel an existing stop payment for a direct debit.

Direct debit company name (eg. Telstra) _____

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

AUTHORITY

I/We authorise this request to remove a stop payment.

X	X
Primary member's signature	Secondary member's signature
Date _____	Date _____

OFFICE USE ONLY

Officer _____   Operator no. _____   Signature _____   Date _____

System checked for presentation	_____ / _____ /_____	_____
New cheque book ordered	_____ / _____ /_____	_____
Corporate cheque stopped at bank	_____ / _____ /_____	_____
Member cheque stop input	_____ / _____ /_____	_____
Account credited	_____ / _____ /_____	_____

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