

# 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 \_\_\_\_\_

## BANK CHEQUE STOP PAYMENT

Please stop payment on the following cheque:

Cheque number \_\_\_\_\_ Amount \_\_\_\_\_

Cheque payee \_\_\_\_\_ Cheque date \_\_\_\_\_

Bank cheque instructions:  reissue cheque  cheque funds back to my/our account

The cheque/s is/are stopped for the following reason:  lost  damaged  
 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.

**X**

Primary member's signature

Date \_\_\_\_\_

**X**

Secondary member's signature

Date \_\_\_\_\_

## OFFICE USE ONLY

Officer \_\_\_\_\_ Operator no. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

System checked for presentation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Bank cheque stopped at bank \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Account credited \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_