



**HERITAGE ISLE
CREDIT UNION LTD**

ABN 32 087 651 278 AFSL/ACL 246648

**PERSONAL CHEQUE
STOP PAYMENT**

Member Number: _____ Daytime Contact number: _____

Member name (s): _____

I/we want to place a stop payment on:

- Cheque Number _____ to _____ (If range of cheques)
- Place a stop payment on individual cheques (as detailed below):

Cheque no. _____ \$ _____ Payable to _____ Dated: _____

Cheque no. _____ \$ _____ Payable to _____ Dated: _____

Cheque no. _____ \$ _____ Payable to _____ Dated: _____

Reason for the stop payment (s): _____

I/we hereby indemnify the Heritage Isle Credit Union Ltd against any loss, claim or demand which it may incur, or which may be made against it arising out of it having so acted not withstanding that no monies may have actually been expended by the Credit Union and I acknowledge that this indemnity shall bind my heirs, executors and administrators. I also authorise and agree to pay the fee of \$10.00 per cheque and all costs directly incurred by Heritage Isle Credit Union Ltd in the action of this request to stop payment on the said cheque(s).

Please debit Member Number: _____ the \$10.00 fee per cheque.

Dated this _____ day of _____ 20____

Signed, sealed and delivered by _____ (Signature)

**Staff Only
Branch**

Witness _____ (HICU Staff member)
(Name) (Signature)

Administration Notified: Faxed: ____ / ____ /20____ Time: ____

Administration

FEE CHARGED: \$ _____ CC140 PROCESSED INITIAL: _____ DATE: ____ / ____ /20____