

**REQUEST FOR STOP PAYMENT ON CHEQUE INDEMNITY
 MEMBER CHEQUE**

I/We.....Member Number.....

in consideration of the Bank acting upon my request to stop payment on:

Cheque Number(s)#.....to #..... (If range of cheques)

OR

#.....\$....., Payable to Dated:.....

#.....\$....., Payable to Dated:.....

#.....\$....., Payable to Dated:.....

hereby indemnify Bank of Heritage Isle (a division of Police Bank 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 notwithstanding that no monies may have actually been expended by the Bank 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 the Bank in the action of this request to stop payment on the said cheque(s).

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

Dated this.....day of.....20.....

Signed, sealed and delivered by.....(Signature)

Reason for stop:.....

BRANCH USE

Witness.....(Staff member)

(Name)

(Signature)

Administration Notified: Faxed:...../...../..... Time:.....

FILE ORIGINAL IN MEMBER FILE. CHECK ACCOUNT TO ENSURE STOP IS PROCESSED

ADMINISTRATION USE

GP FEE CHARGED \$ _____ CU1417 PROCESSED INITIAL _____ DATE _____