

1. PLEASE STOP

Personal (Member) Cheque:

Credit Union Cheque:

2. MEMBER DETAILS

Member

Title: Surname:

First name(s):

Residential Address:

Suburb/City: State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

Member number:

Joint Member (if applicable)

Title: Surname:

First name(s):

Residential Address:

Suburb/City: State: Postcode:

Home tel: Mobile:

Business tel: E-mail:

3. CHEQUE DETAILS

Please Stop payment:

Cheque number: Date drawn:

Amount: \$

Payable to:

4. AUTHORISATION

I/We give instructions to Community First Credit Union Limited ABN 80 087 649 938 that the cheque specified above is not honoured upon presentation. I/We agree that these instructions shall not be operative if the subject cheque has been presented and paid prior to the time of receipt of these instructions by Community First.

I/We agree to hold Community First indemnified against all actions, suits, claims or demands which may be bought or made upon Community First and also against all losses, costs, charges and expenses which Community First may occur or be liable for in respect of this action.

I/We authorise and agree to pay all costs directly incurred by Community First in the action of this request to stop payment on the cheque detailed above. It is also agreed that if the cheque is presented, the cheque dishonour fee will apply.

Member

Signature:

Date: / /

Joint Member (if applicable)

Joint Signature (if applicable):

Date: / /

5. OFFICE USE ONLY

Date loaded:

Time loaded:

Store:

Operator:

Cheque retired:

Statement checked:

NAB notified:

NAB reference:

Member re credited:

Journal no:

Replacement chq no:

Date replacement chq drawn: