

# Stop Payment Request Form



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
Level 7, 130 Stirling Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849  
T 13 25 77 | F (08) 9219 7660 | W pnbank.com.au

## MEMBER DETAILS

### Primary Member

Member number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given name/s \_\_\_\_\_

Account number \_\_\_\_\_ Account name \_\_\_\_\_

### Secondary Member

Member number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given name/s \_\_\_\_\_

## CHEQUE STOP PAYMENT

Please stop payment on the following cheque:  member cheque  bank cheque  
Cheque number \_\_\_\_\_ Amount \_\_\_\_\_  
Cheque payee \_\_\_\_\_ Cheque date \_\_\_\_\_  
Bank cheque instructions:  reissue cheque  cheque funds back to my/our account

### OR

Please stop payment on the following series of member cheques:  
Cheque number \_\_\_\_\_ to Cheque number \_\_\_\_\_  
I require a replacement cheque book to be sent to me:  yes  no  
The cheque/s is/are stopped for the following reason:  cheque/s lost  cheque/s damaged  
 cheque/s 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 acknowledge cancellation of a cheque will incur a fee of \$15. 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.

Primary member's signature

Date \_\_\_\_\_

Secondary member's signature

Date \_\_\_\_\_

## OFFICE USE ONLY

Officer \_\_\_\_\_ Operator no. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
System checked for presentation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
New cheque book ordered \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Bank cheque stopped at bank \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Member cheque stop input \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Account credited \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_