



Stop Order

Customer Name _____

Account No. - -

Date

Stop Order Reference No.

First Serial No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Add	AST	<input type="text"/>
Last Serial No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Amend	MST	<input type="text"/>
Currency	<input type="text"/> <input type="text"/> <input type="text"/> _____	Cancel	CST	<input type="text"/>
Amount	_____			
Payee	_____			
Additional Match by Amount	<input type="checkbox"/> Y <input type="checkbox"/> N	Reason why payment stopped		
Retain	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Lost		
Confirm	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Stolen		
Narrative	_____			<input type="checkbox"/> Other _____
Charges Code	<input type="text"/> <input type="text"/>	Charges Amount	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	

I confirm that the information given is true and correct.

- 1) I/We hereby request you to stop payment of the above mentioned cheque, all concerned charges can be deducted from my above mentioned account.
- 2) I/We agree
 - a) To indemnify you against any loss resulting from non-payment of the above described item
 - b) That should the said item be paid through inadvertence or oversight, or through inaccurate description of the item, you will in no way be held responsible, provided you have in good faith followed your usual procedures for handling stop payment orders
 - c) To notify you promptly in writing if the said item is recovered or known to have been destroyed or if for any other reason this stop payment order may be cancelled

Customer Signature _____

Date

Checklist

- Police Report/Court Verdict seen and copied
- Beneficiary agreement seen and copied

Entered		Checked	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Initials	Date	Initials	Date