

Personal Cheque Stop Payment Authority

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SGE Credit Union Ltd
ABN 72 087 650 637
AFSL 238311

| | | | |
|----------------|----------------------|------------------------|----------------------|
| Member number | <input type="text"/> | Daytime contact number | <input type="text"/> |
| Member name(s) | <input type="text"/> | | |

I / We want to: Place a stop payment on

| | | | |
|----------------------|---------------------------------|----------|----------------------|
| Cheque serial number | <input type="text"/> | Link No. | <input type="text"/> |
| Date Drawn | <input type="text"/> | | |
| Amount | <input type="text" value="\$"/> | | |
| Payee | <input type="text"/> | | |

OR Place a stop payment on a range of cheque's

| | | | |
|--------------------|----------------------|------------------|----------------------|
| From cheque number | <input type="text"/> | to cheque number | <input type="text"/> |
|--------------------|----------------------|------------------|----------------------|

Link No.

The reason for the stop Lost Stolen Unsigned Fraudulently Altered

Only those reasons stated above are accepted by the Credit Union.

I / We give instructions that the cheque(s) specified above, which has / have been drawn, are not to be paid upon presentation to the Credit Union and that in accordance with the terms and conditions, I / we indemnify the Credit Union and hold the Credit Union harmless against claims made by any person or persons whatsoever claiming to be injured as a result of the Credit Union's acceptance of these instructions.

I / We will be charged a fee as described in the Fees and Charges Brochure.

It is agreed that these instructions shall not be operative if the subject cheque has / have been presented to and paid by the Credit Union prior to the time of receipt of these instructions by the Credit Union.

Please Note: A fee will apply if the above cheque/s is presented. Refer to our Fees and Charges Brochure.

| | | |
|----------|--------------------------------|---------------------------|
| Member 1 | Signature <input type="text"/> | Date <input type="text"/> |
| Member 2 | Signature <input type="text"/> | Date <input type="text"/> |

This authority must be signed in accordance with the Membership signing authority - either to sign requires 1 signature, both to sign requires 2 signatures.

Credit Union Staff will complete this section

Member 1 verified

Member 2 verified

Link number

Branch

Cheque presented? Yes No

Yes No

Member advised

Stop payment loaded

Date

Time

Completed by