



Member Number: _____

Member Name(s): _____

Cheque Number _____	Sub Account # _____
Cheque Amount _____	

Date Placed _____	Expiry Date of Stop Payment _____
Cheque Issue Date _____	
Cheque Payee _____	

Reason for Stop Payment _____

I/We hereby agree to hold you harmless for said amount, as well as for all expenses and cost incurred by you through refusing payment of said cheque, and further agree to hold you free of all liability should payment be made contrary to this request, if such payment occur through inadvertence or accident only.

Witness

Member Signature

Entered on Profile By: _____ / _____ 20____	Profile Checked By: _____ / _____ 20____
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THIS SECTION TO BE COMPLETED WHEN STOP PAYMENT ORDER IS RELEASED

Date Cheque Returned "Stop Payment" _____	
or	
I/We hereby cancel the above Stop Payment Order	
_____ Witness	_____ Member Signature

Entered By: _____ / _____ 20____
