



Telephone
 Account enquiries
 General enquiries
 Fax

Stop Payment Request

Account name _____

 Account number _____

To: The Manager ANZ Bank _____ branch.

I/We request that you stop payment of the cheque other _____
 as detailed below, made payable at your Branch.

I/We acknowledge that by accepting this Stop Payment Request the Bank does not represent
 to me/us that the cheque or other instrument has not been paid earlier.

Details of item(s) to stop

Payee's name _____
 Date of item _____
 Serial number (first) _____ (last) _____
 Amount (minimum) \$ _____ (maximum) \$ _____
 Cheque is Crossed Open
 Other information _____

Fee Charged \$15.00

Customer(s) signature(s) _____ Date _____

Bank use only

Date and time received	_____	Date and time Agency notified	_____
Request received	by phone <input type="checkbox"/>	Date reloaded	_____
	by written request <input type="checkbox"/>	Recorded by	_____
	in person <input type="checkbox"/>	Checked by	_____
Date of last statement	_____	Account number	_____
Previously paid	No <input type="checkbox"/> Yes <input type="checkbox"/>	Serial number	_____
Stopped item has been	dishonoured <input type="checkbox"/> cancelled <input type="checkbox"/>	Date expires	_____
Date and time loaded	_____		