

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 _____	_____
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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	
<b>I/We hereby cancel the above Stop Payment Order</b>	
_____ Witness	_____ Member Signature

Entered By: _____	_____ / _____ 20____
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