



The Manager \_\_\_\_\_ Name \_\_\_\_\_  
\_\_\_\_\_ Branch \_\_\_\_\_ Date \_\_\_\_\_

Dear Sir/Madam

**NOTICE TO STOP PAYMENT**

I/we request you to stop payment of the undermentioned document on the understanding that I/we have no claim against the Bank in the event that such document is inadvertently paid by the Bank.

The details of the document are as follows:-  BILL  CHEQUE  DRAFT  
(PLEASE TICK AS APPLICABLE)

Document number  (INSERT RANGE WHERE APPLICABLE)

Dated or due date of Bill \_\_\_\_\_

Drawn by : \_\_\_\_\_ me/ourselves - OTHER, PLEASE STATE  
\_\_\_\_\_

In favour of \_\_\_\_\_

Upon yourselves for the sum of \$ \_\_\_\_\_ In words ( \_\_\_\_\_  
\_\_\_\_\_

The cheque is **CROSSED**  **NOT CROSSED**

Reason why payment stopped  LOST   STOLEN DETAILS  OTHER  (PROVIDE  
\_\_\_\_\_ BELOW)

I accept that the Bank reserves the right to raise charges on my account should the instruction be to prevent the account from overdrawing.

Yours faithfully

ACCOUNT NUMBER

\_\_\_\_\_  
SIGNATURE

**BANK USE ONLY**

DATE RECEIVED **D D M M Y Y Y Y**

SIGNATURE(S) CONFIRMED \_\_\_\_\_  
INITIAL

TIME **H H M M**

**ENSURE THAT ITEM HAS NOT ALREADY BEEN PAID BEFORE REGISTERING THE INSTRUCTION.**

\_\_\_\_\_  
SUPERVISOR AUTHORISOR DATE