



Minnedosa Credit Union

Stop Payment Order

Fax to: 204-867-6391 or drop off in Branch

Member Number: _____

Member Name(s): _____

Cheque Number: _____
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 by: _____ on ___/___/20____	Checked by: _____ on ___/___/20____
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<u>THIS SECTION TO BE COMPLETED WHEN STOP PAYMENT ORDER IS RELEASED:</u>	
Date Cheque Returned "Stop Payment": _____	
or	
I/We hereby cancel the above Stop Payment Order:	
_____ Witness	_____ Member Signature

Entered by: _____ on ___/___/20____	Checked by: _____ on ___/___/20____
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