



SECTION 1 – ACCOUNT DETAILS

Account Name:	Account No.:
Contact:	Telephone:
Email:	

SECTION 2 – CHEQUE DETAILS

Please place a stop payment order and refuse payment upon presentation of the following cheque/s:

Payee	Date of Cheque	Cheque Number	Amount
	/ / 20		\$
	/ / 20		\$
	/ / 20		\$
	/ / 20		\$
	/ / 20		\$

Name of Authorised Person:

Signature of Authorised Person:

Date: / / 20

ADF USE ONLY

Statements have been Checked to (provide date):

