



Stop Payment Notice

Account Title _____ BSB No. _____ Account No. _____

If not already paid, please stop payment of

Single Cheque – eBOBS Option 3611/Siebel

Amount \$ _____ Cheque Dated ____/____/____ Serial No. _____

Was cheque crossed? Yes No Payee _____

Cheque forms/book – eBOBS Option 3613/Siebel
(Blank forms only)

First serial No. _____ Last serial No. _____

Periodical Drawing/Direct Debit Request – eBOBS Option 3615/Siebel

Due date of drawing _____ Approx. amount \$ _____ Company ID No. _____

Company/Lodgement Reference No. _____ Company name _____

Reason for Stop Payment

Cheque lost/stolen or unsigned Other **Note:** Fee applies. See SCH 221.01

Authorised signature/s _____ Date ____/____/____

NAB use only

Ensure cheque has not been presented since last statement by checking eBOBS Option 6140/Siebel. If cheque presented, see GST 668.

Notice received by – initials _____ Date ____/____/____ Time _____

Stop payment

Input by – initials _____ BSB number _____ Input checked by – initials (eBOBS Option 6133) _____

Fee debited to another account

BSB number _____ Account number _____ If waived, record reason code _____

Deletion

Input by – initials (eBOBS Option 3610) _____ Input checked by – initials (eBOBS Option 6131) _____

Please cancel this Stop Payment Notice

Authorised signature/s _____ Date ____/____/____