

STOP PAYMENT NOTICE

NAME OF DRAWER _____
(Please print in block letters)

ACCOUNT NUMBER

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TO: REPUBLIC BANK (GRENADA) LIMITED
_____ **BRANCH** _____ **DATE** _____ **TIME** _____

Until further orders from me in writing, please stop payment of cheque(s) number(s) _____ in
the amount(s) of _____ dated _____ in favour of

Reason for Stop _____

This request is on the basis that the cheque is not already paid or debited to my account. I understand that stops placed on dated cheques will be cancelled automatically after six (6) months of the date of the cheque stated above.

Kindly note the cheque was CROSSED/UNCROSSED* SIGNED/UNSIGNED* (*Delete as applicable)

SIGNATURE(S) _____ DATE _____ TIME _____

Please cancel Stop Payment instructions

SIGNATURE(S) _____ DATE _____ TIME _____

FOR BANK USE ONLY

CHECKLIST

- [] Customer's signature verified
- [] Cheque already paid? – Yes/No
- [] If cheque paid – customer advised

DATE RECEIVED _____ TIME RECEIVED _____

EXPIRATION DATE (MM/DD/YY) _____

Stop Instructions taken by: _____ Input by: _____
(Clerical Officer) (Clerical Officer)

Authorised by: _____ Date: _____

NB: Where stop notice is received by telephone, customer must be advised that the stop is not legally enforceable until it is confirmed in writing in accordance with the account Mandates. Where such instructions are received by fax, the prescribed procedures governing faxed instructions must be followed.

Cancellation Instructions taken by: _____ Input by: _____
(Clerical Officer) (Clerical Officer)

Authorised by: _____ Date: _____
(Supervisor)