



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?	Payee
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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:** There is no Stop Payment Fee. See SCH 221.01.

Authorised signature/s	Date
<u> X </u>	____/____/____

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)
_____	_____	_____

Deletion

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

Please cancel this Stop Payment Notice

Authorised signature/s	Date
<u> X </u>	____/____/____