

Taiwanese Canadian Toronto Credit Union Limited

多倫多台灣信用合作社

3636 Steeles Ave. E., Suite 305, Markham, Ontario L3R 1K9 Tel: (905) 944-0981, 1-866-889-8893 Fax (905) 944-0982

STOP PAYMENT REQUEST

Member Account Number: _____

Member Name: _____

Cheque Date: _____

Cheque Number: _____

Cheque Amount: _____

Payable To (Payee): _____

Reason For Stop Payment: _____

The undersigned hereby agrees to indemnify and hold the credit union harmless for all claims, liabilities and expenses arising from non-payment of the above instrument, and further agrees that the credit union shall not be liable should certification or payment be made contrary to this request through inadvertence or accident.

This stop payment order shall be good for only six (6) months unless renewed in writing.

The undersigned certifies that all the above information is correct in every detail.

Stop Payment Charge: \$30 (Initial stop payment \$15, Return clearing cheque \$15)

Name (Print): _____ Date: _____

Signature: _____

For Office Use Only

Date Received: _____

Processed By: _____