



Date:

D	D	M	M	Y	Y	Y	Y
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 Time : _____

To
The Branch Manager
ABC Bank
Branch : _____

Dear Sir / Madam,

Request for Stop Payment of Cheque

Please arrange to stop payment of the cheque(s) issued from my / our account. The details of the cheque(s) is/are given below.

Account Number			
Cheque No. / Series	From		To
Cheque Date			
Cheque Amount			
Issued to / Favouring			

I / We authorize the Bank to debit the Stop Payment Charges applicable from my / our Account.

Name and Signature of Account Holder(s)

Acknowledgment Slip

We acknowledge the receipt of request for Stop Payment of Cheque from Mr./Mrs./M/s. _____
retaining to account number _____ for cheque (Details) _____

We confirm that we will execute the instruction(s) on priority.

In accepting the instruction(s), we note that you agree:

- a) To make good to us any loss resulting from non-payment of the above described item(s).
- b) The instruction(s) to stop payment will remain valid for 35 years from the receipt of such instruction(s).

Date:

D	D	M	M	Y	Y	Y	Y
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Time :

Bank Official (Sign, Stamp, Date & Seal)
For Citibank N.A.



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