

Countermand Payment of Cheque(s)
支票停止支付

Date: _____

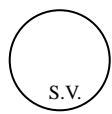
日期: _____

Please complete in BLOCK LETTERS 請以正楷填寫
 Please "✓" where applicable 請在適當方格內加上 "✓" 記號

客戶資料 Customer Information	
客戶名稱 Customer Name: (English) _____ (中文) _____	客戶代碼 Customer Code: _____ 賬戶號碼 A/C No.: _____ 聯絡電話 Tel: _____

服務類別 Category of Service				
茲請貴行於收到此通知之日期起，立即停止支付本人(等)發出之下列支票： This serves as a notice to you to stop payment of the following cheque(s) drawn on your bank as effective from the date of your receipt of this notification:				
支票號碼 Cheque No.	幣別 Currency	支票銀碼 Cheque Amount	受票人 Payee	日期(日/月/年) Date(DD/MM/YY)

收費 Charge
<input type="checkbox"/> 請將有關費用由本人(等)之上述戶口支取 Please debit all charges incurred from my/our above account
<input type="checkbox"/> 其他 : _____ Others : _____

本人(等)向貴行保證，倘有因此而引起之任何責任，概由本人(等)負責，與貴行無涉。 I/We will hold myself/ourselves fully responsible for any consequences arising therefrom.	授權簽署人簽署 (與銀行記錄一致): Signature(s) of Authorised Signatory(ies) (Corresponding to the Bank's record): <div style="text-align: right;">  S.V. </div>
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銀行專用 For Bank Use Only			
Transaction Ref. No.	Teller	Officer	Manager