

STOP PAYMENT REQUEST FORM



Please fill in Black Ink and in CAPITAL LETTERS
All fields marked “ * ” are MANDATORY

Date
D D M M Y Y Y Y

CUSTOMER DETAILS

*Account Number

*Customer Name

I/We hereby request and authorize you to kindly mark a Stop Payment for the following cheque/cheques issued by me/our authorized signatory:

Specific Cheque:

Cheque 1 <input type="text"/>	Cheque 2 <input type="text"/>	Cheque 3 <input type="text"/>
Cheque Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cheque Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cheque Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cheque Amount <input type="text"/>	Cheque Amount <input type="text"/>	Cheque Amount <input type="text"/>
Issued to _____	Issued to _____	Issued to _____

Cheque Series

From

To

Cheque Date

Cheque Amount

Issued to _____

*Reason for Stop Payment
 Lost Instrument / Cheque Book Others _____

Note: The cheque would not be marked as stopped in case the same is already paid or if the same, in the sole opinion of IDFC FIRST Bank Limited, would be against the applicable laws/regulations or which may lead to any adverse liability on IDFC FIRST Bank Limited in any manner whatsoever.

DECLARATION & SIGNATURE(S)

I/We, the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website www.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST Bank Limited.

I/We , further agree and confirm to indemnified IDFC FIRST Bank Limited from any claims, actions, demands etc. by any third party arising on account of IDFC FIRST Bank Limited acting pursuant to the instructions given hereinabove and I/We shall be solely liable and responsible for any liability, in manner whatsoever, which may arise in respect thereof.

Signature as per Account Rule

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of First Account Holder/ Authorised Signatory	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

CB-BB/30/05-2017/0