



往來存款戶
CURRENT ACCOUNT

止付要求/ 取消止付要求表格
STOP PAYMENT REQUEST/ CANCELLATION FORM

Customer 存戶	Account No. 帳號	Telephone No. 電話
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Note : Please tick () where applicable. 注意：請在適當之方格內加上剔號 ()。

Please stop payment of the following cheque(s)
請 止付下列支票

cancel the previous stop payment request of the following cheque(s)
 取消下列支票的前次止付要求

Cheque Number 支票號碼	Date of Cheque 發票日期	Payee 收款人	Amount (HKD) 銀碼 (港幣)

手續費(Details of Charge)

從帳號(Debiting From A/c)_____

- * I/We understand that a charge will be levied on the above instructions(s).
- * I/We have confirmed from the statements previously sent to *me/us that the above cheque(s) was not presented for payment prior to the last statement cycle.
- * I/We understand that no refund on the stop payment charges will be made even if the cheque is later found out to have been paid before the last statement cycle.
- * 本人 / 吾等明白上述指示需要繳付費用。
- * 本人 / 吾等從以往寄*本人 / 吾等之月結單確證上述支票在對上月結單週期前尚未兌現。
- * 本人 / 吾等明白即使以後發覺該支票在對上月結單週期前已支付，止付收費將不會退還。

Signature(s) or Chop
存戶簽章或印鑑

For bank use only		
Approved by	Handled by	S.V.