



Stop Payment Instructions Letter

The Branch Head	
IDBI Bank Ltd.	
Branch:	

Dear Sir

Stop Payment Instructions

Name of the Account holder/s	:	
Account No.	:	
Branch	:	

I/we request you to Stop Payment of our following cheque/s issued by me / us

Cheque No/s/ Range	
Dated	
Favouring	
Reason	

I / We authorize you to debit charges for the same to my / our account mentioned above. I/we are aware and accept the following conditions of the Bank related to Stop Payment Instructions:

The facility of accepting Stop Payment Instructions at a branch of the Bank, other than where the account is actually maintained or through other approved modes is subject to the condition that in case of failure or suspension of inter-branch communication link, in view of any where banking facility of the Bank for maintenance or for any other reason, the Stop Payment Instructions would be effected only after re-establishment of such link. Similarly, the requests received after End Of the Day (EOD) operations of the branch, can be processed only after the branch opens on the next day. The Bank would not be responsible for payment of stopped cheque/s during such intervening period by a branch other than where the instructions are given.

Date:	Yours faithfully
Place:	

-----For office Use-----

Checklist

	Yes	No		Yes	No
Cheque Number			Date of Cheque		
Payee's Name			Amount		
Signature of Customer			Balance Outstanding in the system		
Whether IBank 65 Report Checked for inward clearing and risk properly addressed.					
If the cheque(s) is blank, whether closure of account has been proposed or not					
If answer to any of the above mentioned is "No", please state below the reasons why Stop Payment Instructions have been accepted and how risks associated therewith have been covered.					
Received by	Entered by		Verified by		
Signature, EIN, Date and Time	Signature, EIN, Date and Time		Signature, EIN, Date and Time		