Stop Payment Request

To
The Branch Manager,
Equitas Small Finance Bank Ltd,
Branch,
City
Sub: Stop Payment
I/We request you to mark stop payment of instrument as below.,
Name of the Account Holder:
Account Number:
Beneficiary Name:
Cheque Number (s):
Cheque Date:
Amount:
Reason for Stop Payment:
Thanking you,
Yours sincerely,
(Signature of the customer)
(Customer Name)

Please Note: For Non-Individual Accounts, Authorized Signatory seal and signature as per MOP