



130 Lake Street, PO Box 625, Cairns QLD 4870

CHEQUE ENCASHMENT REQUEST

Date Required:	
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Drawn by:	Account Name:			
	BSB:	084 - 352	Account No:	

Cheque No:	
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Payee:	Cash
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(NB: Also "Please pay cash" at top of cheque & signatories to sign)

Amount:	\$
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Breakup:	\$100	
	\$50	
	\$20	
	\$10	
	\$5	
	\$2	
	\$1	
	\$0.50	
	\$0.20	
	\$0.10	
	\$0.05	
	Total	\$ -

Cheque signed by:	
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Cash to be collected by:	
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Other request:	
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