



Direct Debit Cancellation Authority

Member number			
Surname			
Given Names			
Residential Address			
Suburb			
State		Post Code	
Phone Number			

Direct Debit Details

Account Number	
Receiving company or person name	
Amount	
Payment Reference Number	
Occurrence	
Cancellation Date	DD/MM/YYYY OR <input type="checkbox"/> Immediate

Please take the necessary action to cancel this Direct Debit authority.

I confirm that it has been recommended that I cancel this Direct Debit with the payee to avoid being charged dishonour fees.

I understand that the relevant dishonour fee will apply if direct debits are requested and returned after this authority has been actioned.

Member's signature	
Date	

Office use only			
System updated?	Y/N	Faxed to include	Y/N
Third party fee charged?	Y/N	Date received	
Completed by (staff)			