



Direct Debit Cancellation Request

Date Sent

Ledger Institutions Reference Number

CONFIDENTIAL COMMUNICATION

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To

(Name of Sponsor Institution)

(Name of Sponsor Institutions Contact)

Fax

Email

CC

(Full name and ACN/ARBN/ABN of old Ledger FI)

(Name of Sponsor Institutions Contact)

Fax

Email

From

(Full name and ACN/ARBN/ABN of old Ledger FI)

(Name of Branch or central point)

Fax

Email

Contact Officer

Signature

We advise that our Customer(s), whose details are shown below, has/have given instructions that they wish to cancel a Direct Debit Request addressed by them to the Debit User whose name and User ID Number are also shown below.

Customer Name(s)

Details of Account Debited

BSB Number

Account Number

Name of Debit User

Debit User ID Number

Lodgement Reference

Name of Remitter

Customers identification number(s) with the Debit User (if known)

Date the customer's account was last debited



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In accordance with clause 7.5 of the BECS Procedures, please PROMPTLY forward a copy of this Cancellation Request to the Debit User, who is to act promptly under clause 7.10 of the BECS Procedures in accordance with an instruction to cancel a Direct Debit Request.

I/we confirm that I am/we are authorised to operate the account represented by the BSB and Account number detailed above. I/we authorise Police/Customs Bank to submit this cancellation Notice on my/our behalf.

Customer Signature(s)

Customer Name(s)

The product issuer is: Police Bank Ltd