



CANCELLATION / REINSTATEMENT OF DIRECT DEBIT PAYMENT

Member Details

Member Number _____ Account Number _____
Title [] Mr [] Mrs [] Miss [] Ms [] Other (please specify) _____
Surname(s) _____ Given Name(s) _____
Residential Address _____
Postal Address: (if different from Residential) _____
Contact Details Home _____ Mobile _____ Business _____
Email _____

Direct Debit Details

1) Payee _____ Supplier Number _____
Date/Frequency _____ Amount \$ _____
I wish to [] Cancel [] Reinstate
2) Payee _____ Supplier Number _____
Date/Frequency _____ Amount \$ _____
I wish to [] Cancel [] Reinstate

Please note:

- You must first cancel Direct Debit arrangements with the supplier. Unless you do this, the Credit Union is not obligated to stop the Direct Debit.
This form can not be used to cancel a Direct Debit with Allianz Insurance (Australia) Limited when the Credit Union is the intermediary.

Signature _____ Date _____
Signature _____ Date _____

Office Use Only

Received by _____ Date _____
Actioned by _____ Date _____

