



Date: _____

To: _____
(Name & Address of Debit User)

We wish to arrange for the cancellation of the direct debit request, as detailed below:

Account No. to be debited: _____

Account Name to be debited: _____

Amount of Debit: _____

Description of Debit: _____

Lodgement Reference: _____

Date Account Last Debited: ____/____/____

Date Debit to be cancelled: ____/____/____
(please allow 3 working days for processing)

Privacy Declaration And Consent: By completing this form, you acknowledge Auswide Bank's Privacy Policy (available on request) and consent to us using or disclosing your personal information to achieve the purpose for which it was provided.

Authorising Signature of a/c to be debited _____

Branch/Agency Use Only:

This form will allow the Cancellation of a Direct Debit Request which has been initiated by another Debit User to debit an Auswide Bank account. (Please note: In all cases the customer should attempt to stop this payment with the original User who initiated the debit. This form must only be used if customer is unable to make contact with Debit User). Auswide Bank will only be passing this authority onto the correct Debit User and takes no responsibility for any further payments being debited from the account.

Verified by: _____ (Operator No) _____ (Branch No) _____

Banking Services Use Only:

DDR User ID Number: _____

DES050 – Authority Inactive: _____
(completed by) _____ (date)

'Cancellation Request' forwarded to Debit user _____(date)