

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 signing this form I/we acknowledge and consent I/we have read and understand how Auswide Bank collects, uses, discloses and stores our personal information in accordance with the Auswide Bank Privacy Policy

Authorising Signature of a/c to be debited:



Branch 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: _____