


Direct Debit Cancellation Request

Confidential Communication

This form is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the financial institution from which you have received it to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.

Section 1 – Customer Authority

Has the customer given a signed cancellation instruction?

Yes  if 'yes' is the signed cancellation instruction attached or included? Yes No


No



Note: any Cancellation Request issued on behalf of a new customer under an **account switching arrangement** must be signed by the customer in accordance with the relevant account authority.

Date sent Ledger Institution's Reference Number

Section 2 – Financial Institution Details

To	Name of Sponsor Institution <input type="text"/>	Name of Sponsor Institution's Contact* <input type="text"/>
	Fax number <input type="text"/>	Email address <input type="text"/>
CC	Old Ledger FI name and ACN/ABN/ARBN <input type="text"/>	Name of Old Ledger FI's contact* <input type="text"/>
	Fax number <input type="text"/>	Email address <input type="text"/>
*Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number/e-mail address		
From	Ledger FI name and ACN/ABN/ARBN <input type="text"/>	
	Commonwealth Bank of Australia ABN 48 123 123 124	
	Name of Branch or Central contact point <input type="text"/>	Contact officer (full name) <input type="text"/>
	Fax number <input type="text"/>	Email address <input type="text"/>
	Contact officer signature <input type="text"/>	Date <input type="text"/>
		

Section 3 – Customer Details

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 Account number

Section 3 – Direct Debit User Details

Name of Debit User <input type="text"/>	Debit User ID number <input type="text"/>
Name of Remitter <input type="text"/>	Lodgement reference <input type="text"/>

Section 3 – Direct Debit User Details (continued)

Customer's identification number(s) with the Debit User (if known) (Examples: Customer's Billing number, Contract number or Policy)

Date the Customer's account was last debited

Amount

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.

Section 4 – Customer Declaration

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 Commonwealth Bank to submit this Cancellation Request on my/our behalf.

Customer name(s) 1

Signature of customer 1

Date

Customer name(s) 2

Signature of customer 2

Date

Thank you for completing this form