

DIRECT DEBIT CANCELLATION REQUEST

Incoming FI's/Ledger FI's Logo ó Optional

Has the Customer given a signed cancellation instruction? Yes No
If yes, is the signed cancellation instruction attached or included? Yes 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: 03 / 07 / 2012

Ledger Institution's Reference Number: A1122

CONFIDENTIAL COMMUNICATION:
This facsimile 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, at the telephone number given, to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.

To:	<u>Sponsor Bank</u>	[Name of Sponsor Institution]
	<u>B Smith</u>	Name of Sponsor Institution's Contact*
Fax number:	<u>1234 5678</u>	e-mail: _____
* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.		

CC:	<u>Old Bank</u>	[Full name and ACN/ARBN/ABN of old Ledger FI]
	<u>A Cook</u>	Name of old Ledger FI Contact*
Fax number:	<u>9999 8888</u>	e-mail: _____
* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.		

From:	<u>New Bank</u>	[Full name and ACN/ARBN/ABN of Ledger FI]
	<u>New Bank Branch</u>	[Name of Branch or Central Point]
Fax number:	<u>9999 6666</u>	e-mail: _____
Contact Officer (full name)	<u>J Lee</u>	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):	<u>John Citizen</u>
Details of account debited:	BSB Number: <u>654 - 321</u>
	Account Number: <u>987 654 321</u>
Name of Debit User:	<u>ABC Insurance</u>
Debit User ID Number:	<u>0011233</u>
Lodgement Reference:	<u>POL - 888</u>
Name of Remitter:	<u>ABC Insurance</u>
Customer's identification number(s) with the Debit User (if known) [Examples: Customer's Billing Number, Contract Number or Policy]	<u>POL - 888</u>
Date the Customer's account was last debited:	<u>25/06/2012</u>

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 [Ledger FI/Incoming FI] to submit this Cancellation Notice on my/our behalf.	
Customer Signature(s)	_____
Customer Name(s)	<u>John Citizen</u>