



DIRECT DEBIT CANCELLATION REQUEST

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.

Ledger Institution's Reference Number:

Date sent: / /

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: _____ [Name of Sponsor Institution]
_____ Name of Sponsor Institution's Contact*

Fax number: _____ **e-mail:** _____

* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.

CC: _____ [Full name and ACN/ARBN/ABN of old Ledger FI]

_____ Name of old Ledger FI Contact*

Fax number: _____ **e-mail:** _____

* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.

From: First Choice Credit Union [Full name and ACN/ARBN/ABN of Ledger FI]
ABN 63087649867
2/18 Sale Street [Name of Branch or Central Point]
Orange NSW 2800

Fax number: 6362 6061 **e-mail:** blowesm@firstchoicecu.com.au

Contact Officer Mary-Anne Blowes **Signature:** _____
(full name) Finance Officer

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 Number: _____

Account Number: _____

Name of Debit User: _____

Debit User ID Number: _____

Lodgement Reference: _____

Name of Remitter: _____

Customer's identification number(s)
with the Debit User (if known)

(Examples: Customer's Billina Number. _____)

Date the Customer's account was last _____

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 First Choice Credit Union to submit this Cancellation Notice on my/our behalf.

Customer Signature(s) _____

Customer Name(s) _____
