

Direct Debit Cancellation Form

Australian Unity Banking

Please use **BLOCK** letters and a black or blue pen to complete this Form.

Please make sure that all questions are answered. Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

CONFIDENTIAL COMMUNICATION: This document 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.

Step 1 Financial institution details

TO: Sponsor institution

Name of institution	<input type="text"/>
Contact	<input type="text"/>
Email or Fax	<input type="text"/>

CC: Previous financial institution

Name of institution	<input type="text"/>
ACN/ARBN/ABN	<input type="text"/>
Contact	<input type="text"/>
Email or Fax	<input type="text"/>

FROM: New financial institution

Name of institution	<input type="text" value="Australian Unity Bank Ltd"/>		
ABN	<input type="text" value="30 087 652 079"/>	Branch (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Contact	<input type="text"/>		
Signature	<input type="text"/>		
Email or Fax	<input type="text"/>		

Step 2 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.

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	
Name in full	<input type="text"/>	
Branch number (BSB)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<input type="text"/>	
Date of last debit	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of debit user	<input type="text"/>	Debit user ID No. <input type="text"/>
Name of remitter	<input type="text"/>	Customer ID No. with Debit User <input type="text"/>

Step 3 Declaration and signature(s)

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 Australian Unity to submit this Cancellation Notice on my/our behalf.

Customer signature

X

Name of customer

Date / /

Joint customer signature

X

Name of joint customer

Date / /

Office Use Only

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

Previous Financial Institution's Reference No.

AU0268_20180803

Contact us



Australian Unity
114 Albert Road, South Melbourne VIC 3205



australianunity.com.au



bankingsupport@australianunity.com.au



1300 790 740

AU0268_20180803