

# Direct Debit Cancellation Request

Use this form to request for the cancellation of a direct debit payment by BSB and account number. Please note this request will apply to all future payments according to the direct debit details below.

As your request may take several days to be processed, if you are concerned about a more immediate payment, please speak to our branch staff or call us on 133 330.

This form can only be submitted at a St.George Bank branch.

## 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, at the telephone number given, to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user. Thank you.

Please complete the following details and take the completed form into a branch for your request to be actioned.

## 1. CUSTOMER DETAILS

Full name

Residential address

State

Postcode

Phone number

## 2. BANK ACCOUNT DETAILS

Account name

BSB

Account number

## 3. DIRECT DEBIT DETAILS

Name of Debit User (Name of the merchant or third party)

Debit User ID Number (a six-digit number which identifies the merchant or third party)

Lodgement or Reference number  
(e.g. Billing Number, Contract Number or Policy Number)

Date the Customer's  
account was last debited

## CONSENT AND ACKNOWLEDGEMENTS

I/We confirm that I am/we are authorised to operate the account represented by the BSB and account number in the previous section.

I/We authorise St.George Bank to submit the cancellation notice on my/our behalf.

The authorising party can be:

- the account holder (any account holder can sign); or
- an existing authorised signatory.

Customer's name

Customer's signature

Date

If the account is jointly held, this form needs to be completed according to the account authority (i.e., one to sign, or all to sign).

Customer's name

Customer's signature

Date

## FOR BANK USE ONLY

Date sent

Ledger institution's reference number

To

Name of Sponsor Institution

Banker name

Name of Branch

Banker salary ID

Email

We advise that our customer(s), whose details are shown in Section 2, 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 in Section 3.

Australian Payments Network Limited (ABN 12 055 136 519)

In accordance with clause 7.5 of the BECS procedure, 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.