

direct debit cancellation request

➤ 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 against the user.

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 details

First: _____ Middle: _____

Surname: _____

Name of Financial Institution: **Qudos Bank** BSB number: **704 865**

Account number: _____

➤ Direct Debit Details:

(Customer to complete)

Name of debit user: _____

User ID number: _____ Lodgement reference: _____

Name of Remitter: _____

Customer's identification number: _____

(Billing Number, Contract Number or Policy Number)

Date the account was last debited: ____ / ____ / ____

➤ Important

- It is your responsibility to ensure you fulfil your direct debits and credits correctly.
- Ensure you also contact the business or merchant to advise them that you will be ceasing the direct debit arrangement to avoid any fees or charges.
- You should check with the business or merchant if there are any contractual obligations or if a cancellation notice period applies before ceasing a direct debit.
- If you are switching accounts, please ensure that you have sufficient cleared funds in the account to honour any ongoing payments.
- We will act upon your request and stop any further debits to the account provided we have received your request during business hours.
- You should notify us at least **(5)** business days in advance if you wish to cease a direct debit to avoid any inconveniences.
- Qudos Bank does not charge a fee for this service.

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 Qudos Bank to submit this Direct Debit Cancellation Request on my/our behalf.

Customer name: _____ Signature: _____

Customer name: _____ Signature: _____

➤ To:

(Office Use Only)

Name of Sponsor Institution: _____

Name of Financial Institution's Contact* : _____

Fax number: _____ Email: _____

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

➤ CC:

(Office Use Only)

Full name of Outgoing FI/Ledger FI: _____

ACN/ARBN/ABN: _____

Fax number: _____ Email: _____

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

➤ From:

(Office Use Only)

Full name of FI/Ledger FI: **Qudos Mutual Ltd trading as Qudos Bank**

Branch: **Level 8, 191 O'Riordan Street, Mascot NSW 2020, Australia**

ACN/ARBN/ABN: **53 087 650 557** Phone number: **+61 2 9582 3354**

Fax number: **+61 2 9582 3339** Email: **directentryPays@qudosbank.com.au**

Contact Officer name: _____

Signature: _____

Note: Any Direct Debit 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.

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