request to cancel re-occurring direct debit on myVisa Card

Date : /	/	Full name	:		
			Email:		
		Phone nur	mber:		
Business name:					
Suburb:		Postcode:			
Dear:					
Account reference	e number (your Visa card numb	ber):			
-	nd withdraw any previous auth n my Visa card for services (or i	-	-		
-	direct debit payments I'd like nstruct my bank to request a c		ly are given below. If any	further deductions	
Service	Reference/Invoice	Amount	Frequency	Next due date	
	at you have cancelled the abov red contact method):	e direct debit payment	/s on my Visa card and se	nd a confirmation to	
Ny email address					
	SS:				

Name:_____

Signature: