

Direct Debit Cancellation (Quickdebit)

ACCOUNT OWNER(S)

Member Name

First Name (OR Business Name)
Last Name (OR ACN/ABN if Business Account) ("you")

Member number

Address

Street	
Suburb	
State	Postcode

Loan account number

Daytime phone number

AUTHORITY

Authority and request to debit - You authorise and request The Shire ...Local Banking to cancel your authority to debit from the account identified below through the Bulk Electronic Clearing System, subject to the terms and conditions of the Direct Debit Request Service Agreement .

NOMINATED ACCOUNT

The name of the financial institution where your account is held

Branch

BSB Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account number

Account being debited

Account Name

I would like this cancellation to take effect from

date:

SIGNATURE / DECLARATION

By signing this Direct Debit Cancellation you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and The Shire ...Local Banking as set out in this Request to Cancel Direct Debit (Quickdebit) and the Direct Debit Request Service Agreement.

Please ensure that the account information you have provided is correct and that this Request to Cancel Direct Debit (Quickdebit) is signed by all account holders of the nominated account.

Privacy Notice: The Shire ...Local Banking is committed to the protection of your personal information to provide, manage and administer the products and services that we provide now and in the future. For information on how The Shire ...Local Banking holds, uses and discloses personal information and for details of how you can gain access to or seek the correction of the personal information we hold, or how you may complain about a privacy related matter, please refer to The Shire ...Local Banking's Privacy Notice and Privacy Policy which are updated from time to time and are available on our website at www.shirecu.com.au, from one of our branches, or by calling 1300 784 388

Account owner 1

Signature

Date / /

Office Use Only

MSO No.

Account owner 2

Signature

Date / /

Branch No.