

## Direct Debit Cancellation Request

Regional Australia Bank will stop a direct debit promptly after receipt of this cancellation request. While we agree to cancel this Direct Debit on your behalf, if the amount is due to be debited from your account within the next 3 working days this transaction may not be processed in time for the payment to be cancelled.

To ensure that there are no fees charged by the company for a rejected direct debit request, we recommend that you also contact the company to whom payments were being made.

Members Details			
<b>Account Name:</b>			
<b>Membership Number:</b>			
<b>Title:</b>	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other:
<b>Given Names:</b>			<b>Surname:</b> <input type="text"/>
<b>Address:</b>			
	<b>State:</b>	<input type="text"/>	<b>Post Code:</b> <input type="text"/>
<b>Mobile:</b>	<input type="text"/>		<b>Telephone Number:</b> <input type="text"/>
Debit User Details			
<i>If you have more than one Direct Debit with this company, this request may <b>stop ALL Direct Debits</b> by this company.</i>			
<b>Name of Debiting Company:</b>		<input type="text"/>	
<b>Details of payments:</b>	<b>Amount Debited:</b>	<input type="text"/>	
	<b>Frequency:</b>	<input type="text"/>	
	<b>Date last debited:</b>	<input type="text"/>	
	<b>Reference/Remitter No. (if known):</b>	<input type="text"/>	
Declaration			
<i>Any authorised signatory to an account can stop/cancel a Direct Debit. Please note that if the account requires two signatures then both parties must execute this form.</i>			
<i>By completing this form you indemnify Regional Australia Bank against any and all claims made against us for payment of the Direct Debit amount that you have stopped/cancelled.</i>			
<i>Please be aware that this direct debit cancellation is specific to the current debiting company's details above. If the debiting company details are varied, the direct debit may resume and a new cancellation request may be required.</i>			
<b>Members Name:</b>		<input type="text"/>	
<b>Members Signature:</b> <i>To sign, please print form</i>		<input type="text"/>	
<b>Date:</b>		<input type="text"/>	
<b>① Once you have completed this form, please deliver to your local branch or email your request to: enquiries@regionalaustraliabank.com.au</b>			

### Regional Australia Bank use only

**Processed and verified by:**

**DATE processed:**