

Account Switching: Direct Debit Cancellation Request

Note: Any 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.

Date Ledger Institution's reference number

CONFIDENTIAL COMMUNICATION

This facsimile 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.

To (Name of Sponsor Institution)
 (Name of Sponsor Institution's contact*)
* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address

Fax Email
CC (Full name and ACN/ARBN/ABN of old Ledger FI)
 (Name of old Ledger FI Contact*)
* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.

Fax Email
From (Full name and ACN/ARBN/ABN of Ledger FI)
 (Name of Branch or Central Point)

Fax Email

Contact Officer full name

Signature

Section 1 - Customer Direct Debit

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 name(s)

Details of account debited

BSB - Account

Name of Debit User

Debit User ID number Lodgement reference

Name of Remitter

Identification number(s) with the Debit User (if known)
Examples: Billing Number, Contract Number or Policy Number

Date the Customer's account was last debited

In accordance with clause 7.5 of the BECS Procedures, 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 Request.

Section 2 - Customer Authorisation(s)

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 Rural Bank to submit this Cancellation Notice on my/our behalf.

Signature 1 Signature 2

Name 1 Name 2

Date Date



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