

## DIRECT DEBIT CANCELLATION REQUEST

Email form to Payment Processing Department or fax to (02) 4921 9106

**Date:**

**Please read to customer if identifying over phone**

I/We .....(Surname or Company/Business Name & Given Names or ACN/ARBN)

request Greater Bank Limited, to cancel all direct debits from the Company initiating the debit listed below. This means any Direct Debit from the Debit User will be rejected by Greater Bank Limited.

I/We understand that this is a permanent cancellation and that I/we must notify Greater Bank Limited if debits are to recommence in the future.

**Customer Signature/s:**  
In accordance with method of operation

### CUSTOMER/S DETAILS

**Address:**

**Suburb:**

**Post Code:**

**Telephone:**

**Home:**

**Work:**

**Mobile:**

### TRANSACTION DETAILS

**Name of Account:**

**Greater Account Number:**

**Name of Debit User:**

**Customer ID Number:**

eg. Billing No., Contract No., or Policy No.

**Date of Last Debit:**

**Direct Debit User ID:**

Head Office Use Only

### OFFICE USE ONLY

**PLEASE COMPLETE THE TICK BOXES - CONTACT PAYMENT PROCESSING IMMEDIATELY TO CANCEL DEBIT ON SYSTEM.**

- Branch**.....  **Signature Verified By**..... (Initials and Employee No.)
- Service Centre**  **Identified Over Phone**..... (Initials and Employee No.)
- Statement Read to Customer if Identified Over Phone**