



The Broken Hill Community Credit Union Ltd  
ABN: 12 087 650 762 AFSL No: 238020

**DIRECT DEBIT CANCELLATION**

Date \_\_\_ / \_\_\_ / \_\_\_

I/We authorise the Credit Union to cancel the following Direct Debit. I/We understand that unless I/we supply the Credit Union with complete details they may be unable to process this request.

Member Number \_\_\_\_\_ Member Name \_\_\_\_\_

Declaration: *I/We declare that I/We have read the Account & Access Facility Conditions of Use for this service and accept and agree to be bound by these terms.*

Supplier Number	Supplier Name
Date Last Debited	Customer Id Ref: <i>(Billing No., Policy No, etc)</i>

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Please Note: Should you take out a new contract with this supplier, you must ensure that you notify the Credit Union to uplift the cancellation to guarantee payment.

<b>OFFICE USE ONLY</b>
Date Processed: ___ / ___ / ___
MSO _____