

DIRECT DEBIT CANCELLATION REQUEST

Date:

Please read to customer if identifying over phone

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

request Nova Credit Union 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 Nova Credit Union Limited

I/We understand that this is a permanent cancellation and that I/we must notify Nova Credit Union 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:

Nova 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:

OFFICE USE ONLY

PLEASE COMPLETE THE TICK BOXES

- | | |
|--|--|
| <input type="checkbox"/> Cancel Debit via DES 050 | <input type="checkbox"/> Signature Verified By..... (Initials) |
| <input type="checkbox"/> Diary Memo | <input type="checkbox"/> Identified Over Phone..... (Initials) |
| <input type="checkbox"/> Statement Read to Customer if Identified Over Phone | |