Macquarie Credit Union
straightforward, reliable banking

Macquarie Credit Union Limited
Incorporating Essential Energy Credit Union & Post-Tel Credit Union

DIRECT DEBIT CANCELLATION REQUEST

Incoming FI's/Ledger FI's Logo – Optional

Has the Customer given a signed cancellation instruction? ***Yes*** ☐ ***No*** ☐
If yes, is the signed cancellation instruction attached or included? ***Yes*** ☐ ***No*** ☐

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 sent: / / 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: Direct Entry Operations – Credit Union Services Corporation Australia Ltd. ABN 95 087 822 455

Fax number: 02 8299 9630 **e-mail:**

* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.

CC: [Full name and ACN/ARBN/ABN of old Ledger FI]]

Name of old Ledger FI Contact*

Fax number: **e-mail:**

* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number / e-mail address.

From: Macquarie Credit Union Limited ABN 85 087 650 253
23 Hawthorn St Dunno NSW 2830

Fax number: 02 6882 6909 **e-mail:** info@macquariecu.com.au

Contact Officer (full name) **Signature:**

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 Number:

Account Number:

Name of Debit User:

Debit User ID Number:

Lodgement Reference:

Name of Remitter:

Customer's identification number(s) with the Debit User (if known) [Examples: Customer's Billing Number, Contract Number or Policy

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.

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 Macquarie Credit Union to submit this Cancellation Notice on my/our behalf.

Customer Signature(s)

Customer Name(s)