

DIRECT DEBIT CANCELLATION REQUEST (i)

Please call Payment Processing or Cheque Processing before completing this form

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 (i)

Address:			
Suburb:		Post Code:	
Telephone:	Home:	Work:	Mobile:

TRANSACTION DETAILS (i)

Name of Account:
Greater Account Number: BSB: 637000 Account:
Name of Debit User:
Customer ID Number: <small>eg. Billing No., Contract No., or Policy No.</small>
Date of Last Debit:
Direct Debit User ID: <small>Head Office Use Only</small>

OFFICE USE ONLY (i)

COMPLETE THE TICK BOXES BELOW. Complete form electronically and email to Payment Processing	
<input type="checkbox"/> Branch	<input type="checkbox"/> Signature Verified By (Initials and Employee No.)
<input type="checkbox"/> Contact Centre	<input type="checkbox"/> Identified Over Phone (Initials and Employee No.)
<input type="checkbox"/> Statement read to customer if identified over phone	Called Payment Processing