

Direct Debit Amendment

Supplier Name: _____ Supplier No: (0\$54) _____

Member Name: _____ Member No: _____

I wish to cancel my Direct Debit Agreement with the above company effective immediately and agree to advise Geelong Bank if a new Direct Debit Agreement is signed in the future with this company.

I wish to alter the savings account types from which my Direct Debit is processed:

1st Nominated Savings Account Type: _____

2nd Nominated Savings Account Type: _____

3rd Nominated Savings Account Type: _____

Declaration

I/We in consideration of the Geelong Bank, acting upon my request to stop payment on the above Direct Debit, hereby indemnify Geelong Bank against any loss, claim or demand which it may incur, or which may be made against it arising out of it have so acted, I/we acknowledge that this indemnity shall bind my heirs, executors and administrators.

Dated this _____ day of _____ 20____

Members Signature: _____ Date: ____/____/____

F0356 - Nov18

Office Use Only:

Processed by: Op Name: _____ Op No: _____ Date: ____/____/____

Checked by: Op Name: _____ Op No: _____ Date: ____/____/____

Member understands the ramifications of cancelling a direct debit. Operator No: ____ Name: _____

Program to Cancel Direct Debit

DES050

Client Number

Remitter Number \ to select

C1

\ to select status

C to Cancel

S to Save

{ALSO need Form 0607 - Cuscal Direct Debit Cancellation Request}

Program to Alter Account Authority

DES050

Client Number

Remitter Number 1 to select

C to Change or Add account

S to Save

F0356 - Mar 18