



**HERITAGE ISLE  
CREDIT UNION LTD**

ABN 32 087 651 278 AFSL/ACL 246648

## **AUTHORITY TO STOP DIRECT DEBIT**

Member Number: \_\_\_\_\_ Daytime Contact number: \_\_\_\_\_

Member name (s): \_\_\_\_\_

Please cancel the following direct debit:

Direct Debit Details: Biller Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Frequency:  Weekly  Fortnightly  Monthly

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In requesting this direct debit to be cancelled, I/we acknowledge that I/we must give the Credit Union at least 3 business days notice in writing and I/we must also contact the biller to cancel the biller's authority.

I/we understand for direct debits authorised on Visa Debit cards, I/we are responsible for any debits processed using that card, even after the card or the account has been closed. I/we must contact any suppliers directly to ensure that these debits have been cancelled.

I/we acknowledge that the Credit Union and the biller may charge a fee for each direct debit dishonoured.

\_\_\_\_\_  
*Member Signature/s*

\_\_\_\_\_  
*Date*

**STAFF ONLY**

**Branch**

Signature/s verified:

Check List Completed & attached

Stopped by \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contacted Member to confirm direct debit has been stopped:

**Administration**

Checked by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed Cuscal Form & Faxed:

