



**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:

