

# Third Party Direct Debit Cancellation Request



**Police & Nurses Limited** ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
Level 7, 130 Stirling Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849  
T 13 25 77 | F (08) 9219 7660 | W pnbank.com.au

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To \_\_\_\_\_ (user financial institution name)

Attention \_\_\_\_\_ (name of user financial institution's contact\*)

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

CC \_\_\_\_\_ (full name and ACN/ARBN/ABN of old financial institution)

\_\_\_\_\_ (name of old financial institution contact\*)

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

\*refer to Appendix B7 of the BECS Procedures for details of contact and fax number/email address

From P&N Bank, PO Box 8609, Perth BC WA 6849

Fax number \_\_\_\_\_ Email \_\_\_\_\_

Contact officer \_\_\_\_\_ Signature \_\_\_\_\_

## CANCELLATION DETAILS

We advise that our member/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.

Member name/s \_\_\_\_\_

Details of account debited: BSB \_\_\_\_\_ Account number \_\_\_\_\_

Name of debit user \_\_\_\_\_ Debit user ID number \_\_\_\_\_

Lodgement reference \_\_\_\_\_ Name of remitter \_\_\_\_\_

Member's identification number/s with the debit user (eg. billing or policy number) \_\_\_\_\_

Date the member'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.

## AUTHORITY

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 P&N to submit this Cancellation Request on my/our behalf.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Primary member's signature

Name \_\_\_\_\_ Date \_\_\_\_\_  
Secondary member's signature