

# Third Party Direct Debit Cancellation Request



**Police & Nurses Limited** ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849  
T 13 25 77 | F (08) 9219 7660 | W [pnbank.com.au](http://pnbank.com.au)

Note: this document is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the financial institution from which you have received it, at the telephone number given, to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.

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.

**X**

Primary member's signature

Name \_\_\_\_\_ Date \_\_\_\_\_

**X**

Secondary member's signature

Name \_\_\_\_\_ Date \_\_\_\_\_