



Cancellation of direct debit

Use this form if you would like to cancel your voluntary contributions made via direct debit.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. This form will be invalid if unsigned and undated.

Please send this completed form to PO Box 350, Parramatta NSW 2124.

Section 1: Personal details

Member number	Date of birth (dd/mm/yyyy)		Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> (M/F)
Mr/Mrs/Ms/Miss/Dr	Surname		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb/Town		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (business hours)		Mobile	
<input type="text"/>		<input type="text"/>	
Email address			
<input type="text"/>			

Section 2: Account details

Account name			
<input type="text"/>			
BSB number	Account number		
<input type="text"/>	-	<input type="text"/>	
Name of financial institution			Postcode
<input type="text"/>			<input type="text"/>
Amount currently being deducted			
\$	<input type="text"/>	per	<input type="text"/>

Section 3: Authorisation

I request that Rest ceases periodic deduction from my account upon receipt of this form.

Signature of applicant

<input type="text"/>	(dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	--------------	----------------------	----------------------	----------------------

Please note that unless this cancellation form is received **THREE** working days prior to the 20th of the month it will **NOT** be processed until the following month.