

Rest

Cancellation of direct debit

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

Thanks for filling out this form - it should only take a few minutes. To help us clearly note your details, please write in BLOCK LETTERS and use a black or blue pen. Don't forget to sign and date it before you email it (and any attachments) to us at contact@rest.com.au - without your signature and date this form won't be valid.

Section 1: Personal details

Member number	Date of birth (dd/mm/yyyy)	Gender
<input type="text"/>	<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"/>	<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.