



# Direct Debit/Recurring Transaction Cancellation

## Member Details

Member Number

Card Number (if applicable)

Member Name

Current Residential Address

Direct Debit Company Name

I/We authorise the Credit Union to no longer pay any debits received from the above mentioned organisation.

I/We understand there may be fees charged by the direct debit organisation for transactions dishonoured and I/We cannot hold PCU/CCU liable for these fees.

**I/We understand that cancellation of this payment method does not cancel any contract arrangement between me/us and the merchant/supplier.**

I/We understand this request may NOT be processed unless the bottom section is fully completed.

Member Signature 1

Member Signature 2

Date

Office Use

Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MSO \_\_\_\_\_

Office Use

Processed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DES \_\_\_\_\_ Posted \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To (Direct Debit Organisation)

Address

Account Name

Reference Details

Please stop direct debiting my Police Credit Union/Customs Credit Union (BSB: 815 000) Member number \_\_\_\_\_ immediately.  
[please insert]

Member Signature 1

Member Signature 2

Date