STOP Direct Debit

Date	
Member Name	
Member Number	
Account being debited	
Remitter Number	
Name of Remitter	
Have you recommended to the member to also notify the biller of the cancellation? ☐ Yes ☐ No	
Member Signature or Client Auth Ref #	
Staff Name	
OP Number	
Branch	
Staff please refer to **PRO 0129 Direct Debit** to correctly cancel the Direct Debit.	