

# Cancellation of Direct Credit or Direct Debit



## Member details

Member Number .....

Name (first name) ..... (surname) .....

Address .....

Postcode .....

## Please cancel my

Direct Debit authority (contributions)  Direct Credit authority (benefits)

I wish to cancel my authority effective from ..... / ..... / .....

## Bank account details

Name of financial institution .....

Name of branch .....

Account in the name/s of .....

BSB number - Account number .....

Signature (for joint accounts both to sign) .....

## OR Credit Card Details

Type of Credit Card  Visa Card  MasterCard  American Express  Diners Club .....

Name on Credit Card .....

Number of Card

Signature ..... Expiry date ..... / .....

### Declaration

• I declare that I am authorised to sign this application.

Signature ..... Date ..... / .....