

# Direct Debit Cancellation/Amendment Request



**SERVICE ONE Alliance Bank**

Member name:  Membership No.:

Contact details: Mobile:  Work:  Home:

## DIRECT DEBIT CANCELLATION

I/we require the following Direct Debit(s) to be cancelled:

Account No. (given to supplier)	Name of the supplier	Supplier/Remitter No.	Cancellation effective from
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /

## DIRECT DEBIT AMENDMENT

I/we require the following Direct Debit(s) to be amended:

Amend to new Account No.	Name of the supplier	Supplier/Remitter No.	Amendment effective from
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	<input type="text"/>	Date / /

## DECLARATIONS AND ACKNOWLEDGEMENTS

Have you notified all impacted suppliers of cancellations or amendments to your Direct Debit arrangements?

YES  NO

We believe it is also in your interest to contact all relevant suppliers directly to notify them of any changes to your Direct Debit arrangements to avoid any unauthorised or unexpected activity on your account/s.

**If account(s) is in joint relationships (two to sign), all account owners are require to sign.**

<input type="text"/>	<input type="text"/>	Date / /
<input type="text"/>	<input type="text"/>	Date / /

### OFFICIAL USE ONLY (BRANCH)

Request received by:   Signature(s) verified  
Request received at Branch:   Debit cancelled/amended

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