

**Member Details**

Member Number

Card Number (if applicable)

Member Name

Current Residential Address

Direct Debit Company Name

I/We authorise the Bank 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 Border Bank 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 Border Bank (BSB: 815 267) Member number immediately.

[please insert]

Member Signature 1

Member Signature 2

Date