

**Direct Debit Authority  
Cancellation Request**



**deem**

TO /	FROM /
(Bank / Originator Address)/	(Payer)/
Direct Debit Cancellation Request Date	

<b>Dear Sir/Madam,</b>	-----
I/We have registered the following Direct Debit Authority (DDA)	

Instruct that the same be cancelled with immediate effect.	<input type="checkbox"/>	
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Direct Debit Authority Reference Number	
DDA Issued for	
Consumer/Card/Loan/Finance Number with Originator	
Reason for Cancellation	

<b>Yours truly,</b>	<b>Date Received/</b>
Name, Signature & Date	

For Official Use Only

Originator Identification Code									
Originators Reference Number									

**The Bank shall provide a copy of this form to their customer as the acknowledgement after filling in the below.**

Date & Seal
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