

Direct Debit Authority
Cancellation Request



TO /	FROM /
(Bank / Originator Address)/	(Payer)/

Direct Debit Cancellation Request Date

Dear Sir/Madam,

I/We have registered the following Direct Debit Authority (DDA)

Instruct that the same be cancelled with immediate effect.

Direct Debit Authority Reference Number

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DDA Issued for

Consumer/Card/Loan/Finance Number with Originator

Reason for Cancellation

Yours truly,

Date Received/

Name, Signature & Date

For Official Use Only

Originator Identification Code

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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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