

Direct Debit Requests

Customer Claims and Cancellation Requests

		DATE:/
i You can use this form	m to:	
	m your Direct Debit User celan existing DirectDebi	r i.e. merchant for payment(s) initiated without your authority (Section C)
Section A- Custome	r details	
Please enter the full a	ccount title as appears	s on your statement (if held in joint names, details of all parties to be included)
Residential address (F	O Box is not acceptab	ole)
Suburb		State Postcode
BSB	Account number	Preferred contact number
Section B - Direct De	ebit user details	
Name of Direct Debit	User (must be provide	Date of last payment Amount \$
APCA User ID if know	n (can be found in clie	ent data enquiry, if correct user ID cannot be determined Please leave the field blank)
Section C - Custome	er Claim on disputed	d transactions
on my behalf because I have not given th Payment(s) against	: is Direct Debit User ar an existing or former aut	ny authority to draw funds from my account; or authority were unauthorized for the following reasons:
If you have previously	contacted the Direct	Debit User to cancel your authority, please let us know the date
		op will apply on all future direct debits to the Direct Debit User specified in Section B. I up with a Direct Debit User, all direct debits to them will be stopped.
Date debited	Amount	Customer statement description
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Any other details of cl	aim:	

Note:The Direct Debit User you can lodge a further Cla		the Direct Debit User disputes your claim and you d	isagree with their decision,
Section D - Cancellation	Request		
Note: If a payment has not yet payment request with your Dir		to process your request to stop a payment. Please lo	dge a claim and stop
☐ Permanently cancel n	ny Direct Debit Request		
to the Direct Debit Use	er specified in Section B. I acce	it Request and effective today, stop any p pt that if multiple direct debits are set up ncellation request is required for each pay	with this Direct Debit User, all
	our billing number, contract or cription from your statement.	policy number that you supplied to the Di	rect Debit User. If unknown,
Financial Institution. You s Section E – Authorisation	hould allow time for the request to	cases) Limited to take action specified in the o	oit User.
Signature of customer 1	Date	Signature of customer 2	Date
×		×	
Full Name of customer supply	/ing detai l s		
Signature is verified:			

Bank of China (Australia) Limited ABN 110 077 622 AFSL No.287322 F.PBD.RAFI.22032018.V1.0