

CHANGE OF DIRECT DEBIT - CANCELLATION REQUEST

Port Macquarie-Hastings Council
 PO Box 84
 PORT MACQUARIE NSW 2444
 p (02) 6581 8111
 e council@pmhc.nsw.gov.au



Ref: 2019/25303

pmhc.nsw.gov.au

PURPOSE OF THIS FORM

Complete this form if you would like to cancel your current direct debit arrangement for Rates, Water or Accounts Receivable. You must be the authorised representative to carry out these instructions.

OWNER/S AND PROPERTY DETAILS

Surname or Company Name	
Given Name/s or ACN/ABN	
Rates Assessment Number	
Water Assessment Number	
Debtors Account Number	
Property Address	

REQUEST TO CANCEL

I would like to cancel the direct debit arrangement/s for following services:

Rates Water Accounts Receivable

CONTACT DETAILS

Postal Address	(Select if same as property address)
Postal Address if not same	
Email Address	
Contact number	

YOUR ACCOUNT DETAILS

Name/s on account:	
Financial institution name:	
BSB Number (must be 6 digits)	Account Number

CONFIRMATION

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you confirm that:

- You are authorised to operate the nominated account; and
- You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit request Service Agreement

Signed in accordance with the account authority on your account:

Your Signature		Date	
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SECONDARY ACCOUNT SIGNATORY (if required)

Signed in accordance with the account authority on your account:

Signature:		Name:	
Address:		Email:	
Phone:		Date:	

SIGNING FOR A COMPANY

You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.

Signature of duly authorised officer:			
Position held:		Name:	
Address:		Email:	
Phone:		Date:	

Second company signatory (if required)

Signature of duly authorised officer:			
Position held:		Name:	
Address:		Email:	
Phone:		Date:	