

## **Direct Debit Cancellation Request**

RAMS BSB	RAMS Acco	ount Number				
<b>Note:</b> Any Cancellation Request issued on behalf of a new customer under an account switching arrangement must be signed by the Customer in accordance with the relevant account authority.						
This docume	TIAL COMMUNICATION: ent is confidential and intended only for the use of the m which you have received it to arrange disposal. Una					
	our Customer(s), whose details are shown below, has ssed by them to the Debit User whose name and Use	-		rish to cancel a Dir	ect Debit	
Customer Nam	ne/s					
Details of acc	ount					
Financial Institu	tion	BSB No.		Account No.		
Name of DE Us	ser					
DE User ID Nu	mber	Lodgement Ref	erence			
Name of Remit	ter					
Customer's ID Number(s) with Debit User (if kno	own)					
[Examples: Custome Billing Number, Con Number or Policy N	tract					
Date of last de credit	Dit / DD   MM   YYYY					
<ul> <li>To our customer</li> <li>Please be aware of your continued responsibility for ensuring your direct debits and credits are fulfilled correctly. While RAMS is assisting you with the account switching service by passing on your requests to other financial institutions and users of Direct Entry services, RAMS does not take responsibility for the accuracy or completion of your requested account switching changes.</li> </ul>						
Service pro	rice providers may take some time to process notifications,					
• Some direct entry users require notice of a cancellation of a direct entry well in advance of the billing date – if so, a cancellation notice given under this arrangement may not take effect until the next billing cycle						
You should check to see if any contractual notice periods apply to your direct entry arrangements with your service providers						
• The switching service only applies to direct debit arrangements, direct credit arrangements and not to periodical payments, BPAY payments, online 'Pay Anyone' payments, scheme debit card and scheme credit card arrangements						
<ul> <li>You should retain an adequate balance in your existing account until you are confident that all requested regular payments have been cancelled</li> </ul>						
	at I am/we are authorised to operate the account representations. The submit this Cancellation Notice on my/our before the submit this Cancellation Notice on my/our before the submit this Cancellation Notice.	•	3 and Account nun	nber detailed abov	e.	
Customer's Na			stomer's Name/s			
Customer's signature/s			Customer's signature/s			
Data		D-1				
Date			Date  DD   MM   YYYY			
DD   MM   YYYY						
■ Email o	ompleted forms to: channels upports envices@ramss	envices com au				

Fax completed form to:  $1300\ 656\ 728$ 



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## **RAMS USE ONLY**

то	Name of Sponsor Institution				
	Name of Sponsor Institution's Contact*				
	Email Fax Number				
	* Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number/e-mail address.				
cc	Full name and ACN/ARBN/ABN of old Ledger Fl				
	Name of old Ledger FI Contact*				
	Email Fax Number				
	*Refer to Appendix B7 of the BECS Procedures for details of Contact and fax number/e-mail address.				
FROM	Full name and ACN/ARBN/ABN of Ledger FI				
	Name of Branch or Central Point				
	Email Fax Number				
	Contact Officer (full name)  Signature				