

Direct Debit Request Stop Payment & Reactivation

n .		
Date:		
Date.		

Please note This form will allow a stop payment of a Direct Debit Request which has been initiated by another Direct Debit User to debit an Auswide Bank Account for a period of time. Please also attempt to stop the payment with the initiating Direct Debit User.

DIRECT DEBIT DETAILS	
Account No.:	
Account Name:	
Stop Payment Date (Please allow 3 business days for	r processing):
Payment Recommencement Date:	Transaction Amount:
Direct Debit User:	
Lodgement Reference:	
DECLARATION	
By signing this form I/we acknowledge and consent and stores our personal information in accordance	t I/we have read and understand how Auswide Bank collects, uses, discloses e with the Auswide Bank Privacy Policy.
Signatory 1:	
Signatory 2:	
Internal Use Only	
Branch No.: Operato	or No.: Date Received:
Support Services Operations Use Only DDR User ID No.:	
☐ Authority Inactive: Operator No.:	Date Processed:
☐ Authority Reactivated: Operator No.:	Date Processed: