Direct Debit Request
Stop Payment & Reactivation

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 processing)*: _____

Payment Recommencement Date: _____   Transaction Amount: _____

Direct Debit User: _____

Lodgement Reference: _____

DECLARATION

By signing this form I/we acknowledge and consent I/we have read and understand how Auswide Bank collects, uses, discloses and stores our personal information in accordance with the Auswide Bank Privacy Policy.

Signatory 1:

[signature box]

Signatory 2:

[signature box]

INTERNAL USE ONLY

Branch No.: _____   Operator No.: _____   Date Received: _____

Support Services Operations Use Only

DDR User ID No.: _____

☐ Authority Inactive: Operator No.: _____   Date Processed: _____

☐ Authority Reactivated: Operator No.: _____   Date Processed: _____

AB117/0525

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