



RESET

RAMS BSB & Account Number

Two empty input boxes for BSB and Account Number

Direct Debit Cancellation Request

Note: 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.

CONFIDENTIAL COMMUNICATION:
This document is confidential and intended only for the use of the addressee. If you have received this communication in error, please notify the financial institution from which you have received it to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.

We advise that our Customer(s), whose details are shown below, has/have given instructions that they wish to cancel a Direct Debit Request addressed by them to the Debit User whose name and User ID Number are also shown below.

Customer Name/s

Empty input box for Customer Name/s

Details of account

Financial Institution

Empty input box for Financial Institution

BSB Number

Empty input box for BSB Number

Account Number

Empty input box for Account Number

Name of DE User

Empty input box for Name of DE User

DE User ID Number

Empty input box for DE User ID Number

Lodgement Reference

Empty input box for Lodgement Reference

Name of Remitter

Empty input box for Name of Remitter

Customer's identification number(s) with the Debit User (if known)

[Examples: Customer's Billing Number, Contract Number or Policy Number]

Empty input box for Customer's identification number(s)

Date of last debit/credit

Empty input box for Date of last debit/credit with slashes

To our customer

- 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.
- Service 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
- You should retain an adequate balance in your existing account until you are confident that all requested regular payments have been cancelled

I/we confirm that I am/we are authorised to operate the account represented by the BSB and Account number detailed above.

I/we authorise RAMS to submit this Cancellation Notice on my/our behalf.

Customer's Name/s

Empty input box for Customer's Name/s

Customer's Name/s

Empty input box for Customer's Name/s

Customer's signature/s

Signature box containing an 'X'

Customer's signature/s

Signature box containing an 'X'

Date

Empty input box for Date with slashes

Date

Empty input box for Date with slashes



Email completed forms to: channelsupport@ramsservices.com.au

Or

Fax completed form to: (02) 9736 5273

RAMS Use Only:

TO	Name of Sponsor Institution <input type="text"/>	
	Name of Sponsor Institution's Contact* <input type="text"/>	
	Email <input type="text"/>	Fax number <input type="text"/>
	* 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 FI <input type="text"/>	
	Name of old Ledger FI Contact* <input type="text"/>	
	Email <input type="text"/>	Fax number <input type="text"/>
	*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 <input type="text"/>	
	Name of Branch or Central Point <input type="text"/>	
	Email <input type="text"/>	Fax number <input type="text"/>
	Contact Officer (<i>full name</i>) <input type="text"/>	Signature <input type="text"/>