

CIRCLE Alliance Bank is an agent of Bendigo and Adelaide Bank Limited

Direct Debit - Stop Payment Instruction, Cancellation Request and Customer Claim

1. Member details (must be completed in all cases)

Full name appearing on account

BSB Member Number Account Type (e.g. S6)

803152

Address

State

Postcode

Phone Number

2. Direct Debit User details (must be completed in all cases)

Name of Direct Debit User (company debiting your account)

Direct Debit User's APCA Identification Number

(If correct user ID cannot be determined please leave this field blank)

Last payment details

Date

Amount

 / /
 \$

3. Instruction to stop all payments to the Direct Debit User

Note: If you have multiple Direct Debits to a single Direct Debit User, you should not ask us to stop payments to the Direct Debit User unless you want **all** payments to be stopped.

Effective from today please **stop payment of all future debits to this Direct Debit User** until further notice.

I have previously notified the Direct Debit User to cancel this Direct Debit Request, on / /

I have not yet notified the Direct Debit User to cancel this Direct Debit Request, but intend to do so.

I have not yet notified the Direct Debit User to cancel this Direct Debit Request, and would like you to do so on my behalf. (Please complete Section 4.)

4. Request to cancel a Direct Debit Request

Please forward to the Direct Debit User my request to cancel this Direct Debit Request.

Date of last amount debited
for this Direct Debit Request / /

Customer's Identification Number/s with the Direct Debit User (if known - examples: Customer's billing number, contract number or policy number. If not known, include the transaction description from customer's statement)

Note Circle Credit Co-operative will forward this request to the Direct Debit User via the Sponsor Financial Institution. You should allow time for this request to be delivered and processed by the Direct Debit User.

If you are expecting the Direct Debit User to initiate a debit in the next few days, you may wish to call the Direct Debit User to stop or defer any Direct Debits until they receive this request, and/or ensure that you have completed the Stop Payment instruction (Section 3) previous page.

5. Customer claim

I believe that money has been incorrectly withdrawn from my account by this Direct Debit User, and request that you seek restitution on my behalf, because:

I have not given this Direct Debit User a Direct Debit Request to draw funds from my account, **or**

I have previously given this Direct Debit User a Direct Debit Request to draw funds from my account, but believe that the debit/s listed below were unauthorised for the following reason/s:

* If you cancelled request please provide details of cancellation and written advice if available

Transaction details for disputed Direct Debits

Date debited / / Amount debited \$

Transaction description (from customer's statement)

Date debited Amount debited

Transaction description (from customer's statement)

Other details of claim

Note: The Direct Debit User has the right to dispute your claim. They are required to respond within 7 business days (or 1 month for transactions which occurred more than 12 months ago) to either refund the amount you have claimed, or provide evidence to support their dispute of your claim. If the Direct Debit User disputes your claim and you disagree with their decision, you can lodge a further claim, and the dispute will in most cases be resolved within 1 month.

6. Authorisation (must be completed in all cases)

I/We authorise and request Circle to take action specified in Sections 3, 4 and 5 (as appropriate) of this form.

Member signature

Date

 / / / /

7. DES 050 (Office use)

M#

Remitter

C# Change status to Cancelled

Form completed & sent to CUSCAL: Date / /