

			Westpac BSB & Acco	ount Number
] [
Direct Debit Cancellati	on Request			
please notify the financial instit	ATION: and intended only for the use of the tution from which you have receive al proceedings against the user.			
	whose details are shown below, have Debit User whose name and Us			
Customer Name/s				
Details of account				
Bank	BSB Number	Account N	umber	
Name of DE User				
DE User ID Number	Lodgement Reference			
Name of Remitter				
	r(s) with the Debit User (if known) umber, Contract Number or Policy	Number]		
Date of last debit/credit				
1 1				
 While Westpac Banking Corp financial institutions and user or completion of your request Service providers may take s Some direct entry users requinotice given under this arrang You should check to see if an The switching service only appayments, internet banking 'F You should retain an adequate 	ware of your continued responsibile poration is assisting you with the new soft Direct Entry services, Westpacked account switching changes. One time to process notifications, irre notice of a cancellation of a direct gement may not take effect until the sy contractual notice periods apply opplies to direct debit arrangements, Pay Anyone' payments, scheme de the balance in your existing account	ew account so c Banking Co ect entry well e next billing to your direct direct credit bit card and	witching service by past orporation does not take in advance of the billing cycle t entry arrangements warrangements warrangements and not scheme credit card arr	ssing on your requests to other the responsibility for the accuracy and date – if so, a cancellation with your service providers to periodical payments, BPAY rangements
been cancelled	uthorised to operate the accoun	t ronrosonto	nd by the BSR and Ac	count number detailed above
	ng Corporation to submit this Ca	-	-	
Customer's Name/s		Customer's	s Name/s	
Customer's signature/s		Customer	r's signature/s	
X		X		
Date		Date		
Date		Dale		

/



Email completed forms to: switchtowbc@westpac.com.au

Or

Fax completed form to: 1300 139 695

Bank 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.				
СС	Full name and ACN/ARBN/ABN of old Ledger FI				
	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			
		X			