

Direct Debit Cancellation Request

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

MY/OUR PERSONAL DETAILS			
ACCOUNT HOLDER 1 Customer name	ACCOUNT HOLDER 2 (i Customer name	ACCOUNT HOLDER 2 (if applicable)	
Email address	Email address	Email address	
Contact phone number	Contact phone number	Contact phone number	
	e and direct that the direct debit	described below be cancelled.	
I/We are/am writing to advise that I/we request, authorise	e and direct that the direct debit	described below be cancelled.	
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED			
I/We are/am writing to advise that I/we request, authorise	e and direct that the direct debit BSB number	described below be cancelled. Account number	
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED			
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED Name of previous financial institution			
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED Name of previous financial institution Account name			
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED Name of previous financial institution			
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED Name of previous financial institution Account name			
I/We are/am writing to advise that I/we request, authorise DETAILS OF ACCOUNT DEBITED Name of previous financial institution Account name DETAILS OF DIRECT DEBIT	BSB number	Account number	

AUTHORISATION

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 HSBC to complete any blank fields in the section entitled 'Details of Direct Debit' and submit this Direct Debit Cancellation Request on my/our behalf.

I/We authorise HSBC to act in accordance with my/our instructions set out in this form.

By completing this form, I/we consent to HSBC providing me/us documents, notices and otherwise contacting me/us electronically, as outlined under clause 40 ('How do we communicate'?) of the Personal Banking Booklet. I/We have understood the implications of electing this method of communication.

ACCOUNT HOLDER 1

ACCOUNT HOLDER 2 (if applicable)

Signature	Date	Signature	Date	
×	DD/MM/Y	×	DD/MM/YY	
Full name		Full name	Full name	

For additional cancellations, please complete a separate 'Direct Debit Cancellation Request' for each cancellation.

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, at the telephone number given, to arrange disposal. Unauthorised use of the information in this message may result in legal proceedings against the user.