

## **Periodic Payment Cancellation Request**

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

| Please return the signed and completed form  HSBC Bank Australia Limited, GPO BO  | •                  |  | to:               |                     |  |
|---|--------------------|--|-------------------|---------------------|--|
| MAY/OUR REDCOMAL RETAILS  |                    |  |                   |                     |  |
| MY/OUR PERSONAL DETAILS  ACCOUNT HOLDER 1   |                    | ACCOUNT HOLDER 2 //                            | onnlies blok      |                     |  |
| Customer name   |                    | ACCOUNT HOLDER 2 (if applicable) Customer name |                   |                     |  |
|   |                    | Customer name                                  |                   |                     |  |
| Email address   |                    | Email address                                  |                   |                     |  |
| Linaii address  |                    | Linaii address                                 |                   |                     |  |
| Contact phone number  |                    | Contact phone number                           |                   |                     |  |
| Contact phone number  |                    | Contact phone number                           |                   |                     |  |
|   |                    |  |                   |                     |  |
| I/We are/am writing to advise that I/we request   | c, authorise and c | lirect that the periodic pay                   | ments described b | elow be cancelled.  |  |
| DETAILS OF ACCOUNT FROM WHICH PE  | RIODIC PAYME       | NTS ORIGINATE                                  |                   |                     |  |
| Name of <b>previous</b> financial institution   |                    | BSB number                                     | Account numbe     | r                   |  |
|   |                    |  |                   |                     |  |
| Account name  |                    |  |                   |                     |  |
|   |                    |  |                   |                     |  |
|   |                    |  |                   |                     |  |
| DETAILS OF PERIODIC PAYMENT(S)  |                    |  |                   |                     |  |
| Account name of recipient   |                    | BSB number of receipien                        | nt Account n      | umber of recipient  |  |
|   |                    |  |                   |                     |  |
| Description of payment  |                    | Frequency of payment                           | Amount of         | f payment           |  |
|   |                    |  | \$                | \$                  |  |
|   |                    |  |                   |                     |  |
| AUTHORISATION   |                    |  |                   |                     |  |
| I/We confirm that I am/we are authorised to op  | erate the accoun   | t represented by the BSB                       | and Account num   | ber detailed above. |  |
| I/We authorise HSBC to complete any blanks in Payment Cancellation Request Form on my/our   |                    | titled 'Details of Periodic F                  | Payment(s)' and s | ubmit this Periodic |  |
| I/We authorise HSBC to act in accordance with ${}$  | •                  |  |                   |                     |  |
| By completing this form, I/we consent to HSB electronically, as outlined under clause 40 ('How implications of electing this method of communications). | do we communica    |  |                   |                     |  |
| ACCOUNT HOLDER 1  |                    | ACCOUNT HOLDER 2 (if                           | applicable)       |                     |  |
| Signature D   | ate                | Signature                                      |                   | Date                |  |
|   | DD/MM/YY           | <b>V</b>                                       |                   | DD/MM/YY            |  |
| ^   |                    | ^  |                   |                     |  |
| Full name   |                    | Full name                                      |                   | 1                   |  |
|   |                    |  |                   |                     |  |
|   |                    |  |                   |                     |  |

## 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.

For additional cancellations, please complete a separate 'Periodic Payment Cancellation Request' form for each cancellation.