



banking you can trust

ABN 77 087 650 217 AFSL/Australian Credit Licence 240807

Direct Debit Cancellation Request

T 02 9859 0585 F 02 9859 0555 P PO Box 1967 Macquarie Centre 2113
W www.lcu.com.au E info@lcu.com.au

Date		Member Number	
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Contact Details			
Title		Home Phone	
Surname		Daytime Phone	
Given Names		Mobile Phone	
Address			
		Post Code:	
Email address			

Direct Debits to be Cancelled		
Name or remitter/debit user	Supplier No. (if known)	Amount
<i>E.g. Fitness Gym</i>	111234	\$30.50

Please Sign	
<ul style="list-style-type: none">I/We confirm that I am/we are authorised to operate the account represented by the BSB and account number shown above.I/We authorise LCU to submit this cancellation request on my/our behalf.	
Signature of First Account Holder	Date:
Signature of Second Account Holder	Date:

Office Use Only
PLEASE ACTION IMMEDIATELY

Office Use Only	
	Operator Number
	Date Actioned
	Signature Verified by