

DIRECT DEBIT CANCELLATION

CUSTOMER DETAILS:

Given Name:	Surname:	ACN (if a Company):
Postal Address:		
Mobile Phone:	Email:	Home Phone:

REQUEST: Please cancel my Direct Debit, for:

Amount \$ <input style="width: 150px;" type="text"/> each	Select applicable payment frequency <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month OR <input type="checkbox"/> Balance of assessment whenever an account is due
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PROPERTY DETAILS:

Property Address to which direct <i>debit</i> payment relates:	Assessment number:
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SIGNATURE:

X	Date:
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PRIVACY DISCLAIMER

Mackay Regional Council is collecting your personal information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as we are required to by law

OFFICE USE ONLY

DD Cancelled in Pathway By: _____ Date Entered: ____/____/____