Direct Debit Cancellation/Amendment & **Quick Debit** Cancellation

Direct Debit					
Supplier Name:		Supplier No:	Supplier No:		
Member Name:		Member No:			
	l my Direct Debit Agreement with the g Bank if a new Direct Debit Agreen				
I wish to alter t	he savings account types from which	my Direct Debit is processed:			
1st Nominated	Savings Account Type:				
2nd Nominated	d Savings Account Type:				
3rd Nominated	Savings Account Type:				
Note: Please sign	Indemnity below				
Quick Debit					
Member Name:					
Member No:	Account Type:	Authority No:			
I wish to cancel my I	Direct Debit (Quick Debit) Agreement.				
Indemnity					
stop payment on the which it may incur, o	on of the Ford Co-operative Credit Societ e above Direct Debit, hereby indemnify t or which may be made against it arising d my heirs, executors and administrator	he Geelong Bank against any los out of it have so acted, I/we acki	s, claim or demand		
Dated this	day of	20	_		
Members Signature):		Date://		
For emailed docum	ents only:				
Date://					
My Name is:					
My membership nur	mber is:				
My registered email	address with Geelong Bank is: means to print, sign and scan the above	ementioned document Lagree to	the indemnity conditions		
above.	means to print, sign and sean the above				
			F0356 - Feb 1		
1300 361 555 www.ge	elongbank.com.au Est. 1974				
FORD CO-OPERATIVE C	CREDIT SOCIETY LIMITED ABN 74 087 651 456	Geelo	ng Bank		
TRADING AS GEELONG	BANK AFSL/Australian Credit Licence Number				

Office Use Only:				\backslash
Processed by:	Op Name:	Op No:	Date: //	
Checked by:	Op Name:	Op No:	Date:////////	
Member unders	tands the ramifications of cancelling a	direct debit. Operat	or No: Name:	
Program to Can DES050 Client Number Remitter Numb C1 \ to select statu C to Cancel S to Save	cel Direct Debit er \ to select	Program to Alter A DES050 Client Number Remitter Number ´ C to Change or Ado S to Save	.ccount Authority I to select	F0356 - Mar 18