

DIRECT DEBIT CANCELLATION

DATE _____

ASSESSMENT NUMBER AND / OR REFERENCE NUMBER

PROPERTY ADDRESS

Street No

Street Name

Suburb

Postcode

TELEPHONE NUMBER

AH _____

BH _____

PLEASE NOTE THAT FROM _____ I NO LONGER REQUIRE
CANCELLATION DATE
THE DIRECT DEBIT FACILITY PLACED ON MY BANK ACCOUNT TO PAY
COUNCIL RATES AND / OR FEES FOR SERVICE (BINS) CHARGES.

PLEASE PRINT
NAME _____

SIGNED _____