

DIRECT DEBIT STOP REQUEST

Member Details

| | | | | | | | |
|-----------------------|---------|--|--------------|--|--|-----------------|--|
| Member Name/s | | | | | | | |
| Postal Address | | | | | | | |
| | | | State | | | Postcode | |
| BSB Number | 704-606 | Your 9-digit MCU Account Number | | | | | |

Company Details

| | | | | | | | |
|------------------------|--|---------------------------|-----------------------|--|--|--|--|
| Name of Company | | | | | | | |
| Amount | \$ _____ - _____ | Date of last debit | _____ / _____ / _____ | | | | |
| Frequency | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | | | | | | |

Member Notice and Declaration

I/we authorise Maleny Credit Union to act on my/our behalf to place a stop on the Direct Debit which will then be automatically rejected by the system for this Debit User. If you have more than one Direct Debit with this company this request will stop ALL Direct Debits by this company. You understand that Maleny Credit Union will not be held responsible if the Direct Debit is paid before we were notified.

This stop can be removed at a later date if requested, allowing the Direct Debit to continue. If you wish to re-commence payments to this Debit User, you must supply written authorisation to Maleny Credit Union to remove the stop and then contact the Debit User directly to re-establish the Direct Debit. You agree to notify us if you wish to cancel this Direct Debit stop request.

* A fee will be charged to the account when a Direct Debit Stop Request is applied. Please refer to our Schedule of Fees, Accounts & Access Facilities.

| | | | | | | |
|------------------------|--|--|--|--|-------------|-----------------------|
| Print Full Name | | | | | | |
| Signature | | | | | Date | _____ / _____ / _____ |