

## DIRECT DEBIT REQUEST CANCELLATION

Property Details	Assessment Number: _____  Property Address: _____  _____
Authority to cancel debit payment arrangement/s   Select account direct debit relates to <input checked="" type="checkbox"/>	Surname: _____  Given Names: _____  <input checked="" type="checkbox"/> I hereby request & authorise Narromine Shire Council to cancel my/our direct debt payment arrangement/s.  <input type="checkbox"/> Rates <input type="checkbox"/> Water <input type="checkbox"/> Debtor  Date Cancellation takes effect: ...../...../.....
Contact Details & Signature	Postal Address: _____  _____  Phone: (M) _____ Home (H) _____  ..... Signature .....      ..... Signature .....  Date: ____/____/____
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<b>Office Use Only</b>	
Date Received: ...../...../.....	Date Actioned: ...../...../.....
Officer: _____  Signature: _____	
<b>Note:</b> One cancellation form per direct debit authority. Please return completed form to Council at the address shown below.	