

May 2024

Cancellation of Direct Debit Authority

Talk to the world's leading food and agribusiness bank

Rabobank Australia Limited ABN 50 001 621 129 AFSL 234 700

To contact your nearest branch please call 1300 30 30 33

www.rabobank.com.au

Use this form to instruct Rabobank Australia Limited ABN 50 001 621 129 AFSL 234 700 ("Rabobank") to cancel a Direct Debit Authority against your Rabobank account. Please note this form is not to be used to cancel recurring payments you have authorised on Rabobank Visa Debit Cards. This must be done by contacting the merchant or service provider directly.

Once complete, please return via either of these channels:

- Email: sydney.client.services@rabobank.com
- Mail: Reply Paid 4577, Rabobank Client Services, Sydney NSW 2001

For further assistance call Rabobank Client Services on 1800 025 484 (6am - 8pm Monday to Friday, Sydney time)

IMPORTANT: It may take up to 3 business days to action this request. Upon receipt of this form, Rabobank will notify the initiating Financial Institution that you wish to cancel this direct debit. This is a notification only. Rabobank does not directly cancel the direct debit and it is possible direct debits will continue until such a time as the cancellation is processed by the merchant or service provider. Therefore, you may also want to contact that merchant or service provider. Note that if you still owe the merchant or service provider for their service or utility, you'll need to make alternate payment arrangements with them.

For faster cancellation, you may also wish to contact the merchant or service provider directly.

Section A Client Details			
Account Number	Client name		
Section B Direct Debit User Details			
Name of Direct Debit User		Amount of Last [Debit Date of Last Debit
		\$	/ /
Frequency: Weekly Fortnightly	Monthly	Quarterly 6 Monthly Ann	ually
Client's identification number(s) with the Direct	Debit User (if known) (e	eg: Client's billing number, contract numbe	r or policy number)
<u> </u>			
Section C Execution and Declaration	on		
I/we:			
authorise Rabobank to request the cancellation	on of the Direct Debit A	Authority listed in Section B above on my	/our behalf;
 confirm that I am/we are authorised to operat 	te the account detailed	I in Section A above;	
 agree and acknowledge that Rabobank does Authority form; 	not take any responsib	ility for the accuracy or completion of th	e Cancellation of Direct Debit
 agree that Rabobank is not liable for any loss, Rabobank or its employees, officers, contractor 	5 ,	• •	3 3
 agree that you will indemnify Rabobank agains 	, , , , , ,		-
except where it involves the fraud, negligence		···	•
agree and acknowledge that upon giving you		te, Rabobank may debit to the account d	etailed in Section A above any
 amount you owe Rabobank under this indem declare that all the information contained in t 	•	and complete	
• declare that all the information contained in t	riis application is true a	and complete.	
Account Owner's name	Date	Account Owner's name	Date
	/ /		
Signature		Signature	