Stop Payment of Direct Debits on Transaction Accounts



Bankwest, a division of Commonwealth Bank of Australia ABN 48 123 123 124 AFSL/Australian credit licence 234945

Cancel arrangements and customer claims

| You can use this form to: Permanently cancel an existing Direct Debit Request (Section 3) Seek a refund from your Direct Debit User i.e. merchant for payment(s) initiated without your authority (Section 4). | | | | | | | | | |
|---|--|------------------------------|-----------------------|--------------------|-----------|--|--|--|--|
| \bowtie | Ways to return this form: Bankmail: log in to Bankwest Online Banking from your desktop computer and go to 'Message centre'. Post: PO Box W2072, Perth WA. Fax: 1300 664 825. | | | | | | | | |
| | on 1 – Personal details ter the full account title as appears on your stateme | ent (if held in joint names, | details of all partic | es to be included) | | | | | |
| Residential address (PO Box is not acceptable) | | | | | | | | | |
| | | | | | | | | | |
| Suburb | | | | State | Postcode | | | | |
| BSB | Account number | Preferred contact num | aber | | | | | | |
| Secti | on 2 - Direct Debit User details | | | | | | | | |
| Name of [| Direct Debit User (must be provided) | | Date of last payr | ment | Amount \$ | | | | |
| APCA User ID if known (6 digit Direct Debit User ID code – can be extracted from Client Data Enquiry) | | | | | | | | | |
| Secti | on 3 – Cancel my Direct Debit Request | | | | | | | | |
| Note: If a payment hasn't yet debited your account, we are unable to process your request to stop a payment. Please lodge a claim and stop payment request with your Direct Debit User. | | | | | | | | | |
| ☐ Perma | anently cancel my Direct Debit Request | | | | | | | | |
| Please arrange to permanently cancel my Direct Debit Request and effective today, stop any payment of all future direct debits to the Direct Debit User specified in Section 2. I accept that if multiple direct debits are set up with this Direct Debit User, all direct debits to them will be stopped (note a new cancellation request is required for each payment authority being cancelled). | | | | | | | | | |

Note: Bankwest will notify the Direct Debit User of your cancellation instructions via their sponsor Financial Institution. You should allow at least 10 days for the request to be received and processed by the Direct Debit User.

description from your statement.

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Please provide details of your billing number, contract or policy number that you supplied to the Direct Debit User. If unknown, include the transaction

| Section 4 – Cus | tomer Claim on disputed tr | ansactions | | | | | | | |
|---|-------------------------------|--|-----------------------|-----------------------------|-----------------------|--|--|--|--|
| I believe that money h | nas been incorrectly withdrav | vn from my account by this Direct | Debit User and reques | t that you seek restitutior | on my behalf because: | | | | |
| I haven't given this Direct Debit User any authority to draw funds from my account; or | | | | | | | | | |
| Payment(s) against an existing or former authority were unauthorised for the following reasons: | | | | | | | | | |
| | | | | | | | | | |
| If you've previously co | ontacted the Direct Debit Use | er to cancel your authority, please | let us know the date | | | | | | |
| | | | | | | | | | |
| | | o will apply on all future direct deb o with a Direct Debit User, all direc | | | 2. | | | | |
| Date debited | Amount | | | Customer | statement description | | | | |
| | \$ | | | | | | | | |
| | \$ | | | | | | | | |
| | \$ | | | | | | | | |
| | \$ | | | | | | | | |
| | \$ | | | | | | | | |
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| | \$ | | | | | | | | |
| Any other details of c | laim: | | | | | | | | |
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| Note: The Direct Debit User has the right to dispute your claim. They're required to respond to us within seven business days (or within one month for transactions which occurred more than 12 months ago) to either refund the amount you've claimed or provide evidence to support their dispute of your claim. If the Direct Debit User disputes your claim and you disagree with their decision, you can lodge a further claim with us and the dispute will, in most cases, be resolved within one month. | | | | | | | | | |
| | | | | | | | | | |
| Section 5 – Aut | norisation (must be comple | eted in all cases) | | | | | | | |
| | (| | | | | | | | |
| | | entation to us, you do so at your o | | | | | | | |
| is a risk your information could be viewed by other if it is intercepted or sent to an incorrect address/number, and Bankwest assumes no responsibility. By signing this form I acknowledge that any joint account holder understands and agrees to disputing to this transaction. | | | | | | | | | |
| Signature | | Date Sig | nature | | Date | | | | |
| | | | / | | | | | | |
| X | | <u> </u> | | | | | | | |
| | | | | | | | | | |

Typing your signature? For security reasons, you can only return this form via Bankmail. If you'd prefer to fax or post it back, please print and sign instead.

Full name of customer supplying details

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