

# Stop Payment of Direct Debits on Transaction Accounts

## Cancel Arrangements and Customer Claims

**i** 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)

### Section 1 – Personal details

Please enter the full account title as appears on your statement (if held in joint names, details of all parties to be included)

Residential address (PO Box is not acceptable)

Suburb State Postcode

BSB  Account number  Preferred contact number

### Section 2 - Direct Debit user details

Name of Direct Debit user (must be provided)  Date of last payment  Amount

APCA User ID if known (6 digit Direct Debit user ID code – can be extracted from Client Data Enquiry)

### Section 3 – Cancel my Direct Debit Request

**i** **Note:** If a payment has not 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.

**Permanently 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).

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

**i** **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.

### Section 4 – Customer Claim on disputed transactions

I believe that money has been incorrectly withdrawn from my account by this Direct Debit User and request that you seek restitution on my behalf because:

- I have not 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 have previously contacted the Direct Debit User to cancel your authority, please let us know the date

#### Section 4 – Customer Claim on disputed transactions (continued)

**i Note:** I understand that effective today, a stop will apply on all future direct debits to the Direct Debit User specified in Section 2. I accept that if multiple direct debits are set up with a Direct Debit User, all direct debits to them will be stopped.

| Date debited | Amount | Customer statement description |
|--------------|--------|--------------------------------|
|              | \$     |                                |
|              | \$     |                                |
|              | \$     |                                |
|              | \$     |                                |
|              | \$     |                                |
|              | \$     |                                |
|              | \$     |                                |
|              | \$     |                                |

Any other details of claim:

**i Note:** The Direct Debit User has the right to dispute your claim. They are required to respond to us within 7 business days (or within 1 month for transactions which occurred more than 12 months ago) to either refund the amount you have 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 1 month.

#### Section 5 – Authorisation (must be completed in all cases)

I/We authorise and request Bankwest to take action specified in the completed sections of this form

Signature of customer 1

X

Date

Signature of customer 2

X

Date

Full Name of customer supplying details

Please return this form by post to:

**PO BOX E237  
Perth WA 6841**

or by fax: **1300 664 825**.