

# Direct Debit Amendment

Supplier Name: \_\_\_\_\_ Supplier No: (0\$54) \_\_\_\_\_

Member Name: \_\_\_\_\_ Member No: \_\_\_\_\_

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I wish to cancel my Direct Debit Agreement with the above company effective immediately and agree to advise FCCS if a new Direct Debit Agreement is signed in the future with this company.

I wish to alter the savings account types from which my Direct Debit is processed:

1st Nominated Savings Account Type: \_\_\_\_\_

2nd Nominated Savings Account Type: \_\_\_\_\_

3rd Nominated Savings Account Type: \_\_\_\_\_

## Declaration

I/We in consideration of the Ford Co-operative Credit Society (FCCS), acting upon my request to stop payment on the above Direct Debit, hereby indemnify the Ford Co-operative Credit Society Ltd against any loss, claim or demand which it may incur, or which may be made against it arising out of it have so acted, I/we acknowledge that this indemnity shall bind my heirs, executors and administrators.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

F0356 - Mar 18

1300 361 555 | [www.fccs.com.au](http://www.fccs.com.au) | Est. 1974

Ford Co-operative Credit Society Ltd | ABN 74 087 651 456

AFSL/Australian Credit Licence No. 244351

 **FCCS**  
banking for U

**Office Use Only:**

Processed by: Op Name: \_\_\_\_\_ Op No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Checked by: Op Name: \_\_\_\_\_ Op No: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member understands the ramifications of cancelling a direct debit. Operator No: \_\_\_\_ Name: \_\_\_\_\_

**Program to Cancel Direct Debit**

DES050

Client Number

Remitter Number \ to select

C1

\ to select status

C to Cancel

S to Save

{ALSO need Form 0607 - Cuscal Direct Debit Cancellation Request}

**Program to Alter Account Authority**

DES050

Client Number

Remitter Number 1 to select

C to Change or Add account

S to Save

F0356 - Mar 18