

Notice of Amendment to Direct Debit

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

Member Name: _____ Member No: _____

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: ____/____/____

Office Use Only:

Authority Accepted by: _____ Operator No: _____ Name: _____

Authority Altered by: _____ Operator No: _____ Name: _____

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 - Jan14