



Direct Debit Alteration/Cancellation

Police & Nurses Credit Society Limited
ABN 69 087 651 876
AFSL/ACL 240701
Level 7, 130 Stirling Street
Perth WA 6000

PO Box 8609, Perth BC,
Western Australia 6849
Telephone 13 25 77
Fax (08) 9219 7660
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MEMBER DETAILS

Member Name _____ Member Number _____
Account Name _____ Account Number _____

DIRECT DEBIT DETAILS

Direct Debit for either:

A. Other Bank/Institution Account

Name of other Bank/Institution _____

Alter to: Frequency Weekly Fortnightly Monthly Other _____

Amount \$ _____

Date cancel effective from ____ / ____ / ____

Direct Debit Reference Number _____

B. Police & Nurses Account (as per member details above)

Note: Please ensure you also notify the direct debit supplier of these changes.

Supplier Name _____ Supplier Number _____

Date cancel effective from ____ / ____ / ____

New Account Number _____

Reference/Contract Number _____

AUTHORITY

X _____
Signature

Date ____ / ____ / ____

OFFICE USE ONLY

Officer _____

Operator No. _____

Date ____ / ____ / ____