



# Cancellation of direct debit

Complete this form if you would like to cancel your voluntary contributions made via direct debit.

Please write in **BLOCK LETTERS** and use a **BLACK or BLUE** pen. This request will be invalid if unsigned.

Once you've completed and signed this form, please mail to:  
**REST Customer Service, PO Box 350, Parramatta NSW 2124.**

## Member details

Membership number

Date of birth (dd/mm/yyyy)

Mr/Mrs/Ms/Miss

Surname

Given name(s)

Street number

Street name

Suburb/Town

State

Postcode

Telephone (business hours)

Mobile

Email address

## Your Account details

Account name

BSB number

Account number

Name of financial institution

Amount currently being deducted:

\$  .  per

## Your Authorisation

I request that REST Superannuation cease periodic deduction from my account upon receipt of this form.

Signature of applicant

Date (dd/mm/yyyy)

Please note that unless cancellation forms are received **THREE** working days prior to the 20th of the month they will **NOT** be processed until the following month.

## Your privacy is important to us

When your personal details are provided to REST, they are securely stored and are accessible only to authorised personnel for the purpose of maintaining your account and any insurance arrangements. If you would like to see REST's Privacy Policy, visit [www.rest.com.au](http://www.rest.com.au) or contact us on 1300 300 778 for a copy of the Policy.