DIRECT DEBIT AMENDMENT FORM

Name _____

Property Number _____

Property Address _____

_____

Email Address _____

Telephone Number _____

Type of Request

Do you want to:

1: Change a current Direct Debit ☐

2: Cancel a current Direct Debit ☐

3: Suspend a current Direct Debit ☐

---

1. **CHANGE** your current Direct Debit amount:

Start Date _____/_____/_____ New Amount: $ _____

---

2. **CANCEL** a current Direct Debit:

From which date do you want the cancellation to take effect from _____/_____/_____

---

3. **SUSPEND** your current Direct Debit amount temporarily:

Start Date _____/_____/_____ End Date _____/_____/_____

Signature: _____	**Date:** _____/_____/_____

Office Use Only: Processed: Initial: Date: