



Direct Debit Alteration/Cancellation

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



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. Nurses First Account (as per member details above)

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

Name of Supplier _____ Supplier Number _____

Date cancel effective from ____ / ____ / ____

New Account Number _____

Reference/Contract Number _____

AUTHORITY

X

Date ____ / ____ / ____

Signature

OFFICE USE ONLY

Officer _____ Operator No. _____ Signature _____ Date ____ / ____ / ____