



StrataPay Pty Ltd ABN 52 097 607 451
Australian Financial Services Licence: 247378

Direct Debit Cancellation Request

Request to cancel direct debits for the below StrataPay Reference Number.

StrataPay Pty Ltd - Trust Fund Account

Surname or Company Name	_____
Given names or ABN	_____ ("you")
Address	_____
Contact Name	_____
_____	Telephone No. _____
Email	_____

I authorise **StrataPay Pty Ltd** to cancel direct debits setup in favour of the biller identified by the following StrataPay Reference Number.

Account Holder's Signature _____

Name of Biller _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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StrataPay Reference Number

THIS FORM MUST NOT BE FAXED. PLEASE RETURN ORIGINAL SIGNED DOCUMENT BY MAIL TO:

StrataPay Pty Ltd, Locked Bag 9, Gold Coast Mail Centre Qld 9726

Notice of cancellation must be provided at least fourteen (14) days prior to the next debit day.
Please also send a copy of this form to your merchant to advise them of the cancellation.

You can contact StrataPay Pty Ltd through the following channels:

Mail: StrataPay Pty Ltd, Locked Bag 9, GCMC, BUNDALL QLD 9726
Email: payments@stratapay.com.au
Facsimile: 07 5575 7433 (Do not fax your cancellation form. It must be mailed to the above postal address)
Telephone: 1300 135 610