

Cancellation of Direct Debit



Date ____ / ____ / ____

Attention: Accounts Department

RE: CHANGE/CANCELLATION OF DIRECT DEBIT

PROPERTY _____

BANK ACCOUNT NUMBER _____

I/We hereby request that you:

- Completely cancel the direct that comes from above bank account.
- Hold the direct debit due to come out this month, and recommence debiting next month.
We will pay our rent in cash at the office on the:
- Change the above banking details for the next payment, as per the new Direct Debit form attached.

Yours sincerely

Tenant Name _____

Signature _____

Tenant Name _____

Signature _____

(Please note all signatures that appear on the Direct Debit Authorisation must also sign the cancellation for the Direct Debit)