

Direct Debit Cancellation Form

Account Holder Details

Full Name:

Mailing Address:

Contact Number:

Email Address:

Date of Birth:

Authorised Representative Details

[to be completed if completing form on the Account Holders behalf]

Full Name:

Street Address:

Suburb: State: Postcode:

Mailing Address:

Contact Number:

Email Address:

Date of Birth:

Account Details

NeoGrids Account Number:

Serviced Provided by NeoGrids: Electricity ☐ Hot Water ☐ Other ☐

Premise Street Address:

Suburb: State:

Postcode:

Bank Account Information

(must match bank details of what we are currently debiting)

Name of Financial Institution:

Account Name:

BSB Number:

Account Number:

Cancellation Details

Cancellation Effective Date:

Please note, the cancellation date must be 10 business days from the date the cancellation notice has been submitted to us.

Cancellation Authorisation

I, [**Account Holder or Authorised Representative**], hereby request and authorise NeoGrids to cancel my Direct Debit arrangement for my account as detailed above. I understand that by cancelling this arrangement, I am responsible for any outstanding amounts due on my account.

Signature:

Date:

Submission Instructions

Email: support@neogrids.com

Mail: NeoGrids Customer Support

Level 19, 180 Lonsdale Street,

Melbourne VIC 3000

NeoGrids Office Use Only

Received By:

Date Received:

Reference Number:

Action Taken: