



Direct Debit – Cancellation Request

Your Direct Debit Cancellation Request Form is provided below.

Cancellations must be submitted to the Chief Recovery Officer at least five business days before the next instalment is due.

If the Direct Debit is cancelle instalment payments are ma		your responsibility to ensure that your scheduled
Please complete where necessary, sign and return this form by either:		
Email (scanned copy Post: Fax:	y): fines@sa.gov.au PO Box 288, Rundle Mall SA 5000 8207 6273	
What happens if you miss	a scheduled payment?	
Call 1800 659 538 to discuss	s any difficulties you have in making a payme	ent by the due date.
	by 28 days, this payment arrangement terming. Enforcement action may also be taken ar	
%		
Direct Debit Cand	cellation Request Form *Deno	otes mandatory field
Direct Debit / Payment Arra	angement Details	
Fine reference*	\$	
Your details		
Name* Phone*		
Email Address		
I am the (tick as many that apply) Signature*	Person that owes the fine Direct Debit account holder	Date / / / /
oignature		Date / / /