



Bank of St. Helena Ltd.

www.sainthelenabank.com

DIRECT DEBIT CANCELLATION

DEBIT ACCOUNT NAME:

DEBIT ACCOUNT NUMBER:

CREDIT ACCOUNT NAME (BILLING ORGANISATION):

CREDIT ACCOUNT NUMBER:

CUSTOMER REFERENCE (WITH THE BILLING ORGANISATION):

CANCELLATION DATE:

CUSTOMER SIGNATURE:

DATE:

FOR BANK USE ONLY:

SEQ #

DATE:

INITIALS:

AUTHORIZED: