DIRECT DEBIT CANCELLATION FORM

Name(s) in full:

Home address:

Date of bir th:

Postcode:

Email address:

Phone:

Mobile:

Driver Licence Number:

I/We

Authorise Depar tment of State Growth to cancel all Direct Debits from my/our bank accounts.

Bank account holder’s signature/s:

Date:

If you cancel your Direct Debit payment arrangement, State Growth will not rely on that arrangement to pay for any future vehicle registrations.

We require at least five (5) business days notice prior to the scheduled payment due date to cancel your Direct Debit arrangement from the day we receive your form.

Please email to tes@stategrowth.tas.gov.au

For more infor[mation visit www.transpor t.tas.gov](http://www.transport.tas.gov.au/).au or phone us on 1300 135 513

Depar tment of State Growth  
 GPO Box 1002, Hobar t, Tasmania, 7001

Telephone: 1300 135 513   
Website: [www.transpor t.tas.gov.au](http://www.transport.tas.gov.au/)



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D e p a r t m e n t of S t a t e G r o w t h