DIRECT DEBIT CANCELLATION FORM

| Name(s) in full: | | | Date of birth: |
|--|--|---|--------------------------|
| Home address: | | | |
| Postcode: | Phone: | Mobile: | |
| Email address: | | Driver Licence Numbe | r: |
| I/We Authorise Department 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. | | | |
| - | east five (5) business days not ent from the day we receive y | tice prior to the scheduled payment due da our form. | te to cancel your Direct |

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

For more information visit www.transport.tas.gov.au or phone us on 1300 135 513

Department of State Growth GPO Box 1002, Hobart, Tasmania, 7001 Telephone: 1300 135 513 Website: www.transport.tas.gov.au

