



DEBIT ORDER CANCELLATION REQUEST

PEC reference number

Grid for PEC reference number

Business (Section A, C & D)

Business checkbox

Residential

Residential checkbox

(Section B, C & D)

Section A

Business name

Grid for Business name

Trading as

Grid for Trading as

Contact person

Grid for Contact person

Contact No.

Grid for Contact No. ( )

Grid for Contact No. ( )

Section B

Title

Mr checkbox

Mr

Mrs checkbox

Mrs

Ms checkbox

Ms

Dr checkbox

Dr

Prof checkbox

Prof

Initials

Grid for Initials

Surname

Grid for Surname

Identity / passport number

Grid for Identity / passport number

Contact number

Grid for Contact number ( )

Grid for Contact number

SECTION C

Building Name

Grid for Building Name

Unit No.

Grid for Unit No.

SECTION D:

Name of Bank

Grid for Name of Bank

Branch name

Grid for Branch name

Branch code

Grid for Branch code

Name of account holder

Grid for Name of account holder

Account number

Grid for Account number

Type of account

Cheque / Current checkbox

Cheque / Current

Savings checkbox

Savings

Transmission checkbox

Transmission

I/We hereby request PEC Utility Management to cancel my/our debit order on the above account. I/We agree to settle the monthly account or any other outstanding monies by the normal due date. Debit order cancellation requests must be submitted by the 26th of the month.

Signed on this

Grid for day

(day) of

Grid for month

(month)

Grid for year (2 0 )

(year)

Signature

Signature line

Full Names & Surname (PLEASE PRINT)

Full Names & Surname line

Position in company

Position in company line

Department

Department line

FOR OFFICE USE ONLY

Reason for cancellation:

Client Requested checkbox

Client Requested

Building account closed checkbox

Building account closed

RD checkbox

RD

Outstanding balance:

R

Grid for Outstanding balance

Grid for Outstanding balance

Portfolio Manager's Signature

Portfolio Manager's Signature line

Portfolio Manager's Name and Surname

Portfolio Manager's Name and Surname line