

Council Use Only

Date & time form received:

Received by:

Cancellation of Direct Debit Agreement

(Document Number: L-FINFRM005)

Name(s) of Applicant:

Property Address:

Property Identification Number
(PID):

Please cancel my direct debit agreement as of:

Date cancellation effective from:

Signature:

Date:

Please submit to Latrobe Council via email, post or in person (contact details at top of form).