

**CARDPAY DIRECT
CANCELLATION AUTHORITY**



ACCOUNT NAME (EXACTLY AS IT APPEARS ON THE CARD)

ANZ CARD TYPE

Visa MasterCard®

Account number

CARDHOLDER AUTHORITY

Please cancel my CardPay Direct facility for the above account
Account holders signature

Date

Note: For this authority to take effect, this form must be received by ANZ five business days prior to the Statement Issue Date.

Please deliver completed form to any ANZ branch or mail to:
Reply Post 2076
ANZ Card Maintenance,
Locked Bag 10
Collins Street West Post Office
MELBOURNE VIC 8007
(No Stamp required)

Alternatively, fax completed form to "ANZ Cards Maintenance"
on 1800 457 921