

Interbank GIRO Termination Form

Please **FILL IN** this form, **PRINT** it out, **SIGN** and **RETURN** to the Billing Organisation.

Termination Of Interbank GIRO

To: Name Of Billing Organisation
and Name And Branch Of Financial
Institution
Name Of Customer
Account/Bill Reference Number

I/We wish to terminate my/our Interbank GIRO authorisation in respect of the above-mentioned Account/Bill Reference Number with effect from

Please notify my/our above-named Billing Organisation/Financial Institution accordingly.

Name Of Account Holder(s)

Account Number

Signature

Date