

INSTRUCTIONS FOR TENANT

To cancel your agent controlled payment schedule or your iPayRent rent payment facility, please follow the three step process outlined below:

1. Complete this form in full
2. Ensure you have signed and dated where requested
3. Fax or mail this form to your managing agent

TENANT DETAILS

Tenant Details		
First Name: _____	Last Name: _____	
Tenant #: _____	Date of Birth: _____	
Address: _____		
Suburb: _____	State: _____	Postcode: _____

CANCELLATION DETAILS

Please cancel my agent controlled payment schedule as of: ___/___/20___

AND / OR

Please cancel my iPayRent rent payment facility as of: ___/___/20___

REQUEST AND AUTHORITY TO DEBIT

I hereby request the above details be cancelled as instructed. I understand payments scheduled on or after the above cancellation date will not be processed.

Name: _____ Date: _____

Signature:  _____