

Membership
Number

Netfa\$t Cancellation Request

Date: / /20



Membership Name:

I/we wish to cancel access to NetFa\$t, the Internet Banking Service from The Capricornian Ltd.
I/we acknowledge to continue to be responsible for transactions initiated via Netfa\$t (in accordance with the Terms and Conditions) until this cancellation request is received by The Capricornian Ltd in the ordinary course of business.

Member Signature/s: _____

This request must be signed in accordance with your account operation authority (eg "both must sign", 'either to operate' etc).

Please fax form to 07 4931 4970
Or email scanned document to info@capricornian.com.au
Or by post to:

Netfa\$t Registrations
PO Box 1135
Rockhampton QLD 4700

| Office Use Only | | | |
|--------------------------|-----------------------|---------------------------|------------------------|
| <input type="checkbox"/> | Signature(s) Verified | By Accepting Branch Staff | _____ Operator # _____ |
| <input type="checkbox"/> | Netfa\$t De-Activated | By Member Connect | _____ Operator # _____ |