

Payments File Upload Facility Recall Form

Date _____

To **Domestic & High Volume Payments**

Phone **1300 55 72 72**

Email **directentry@boq.com.au**

(Please complete this form, sign and email to the Bank of Queensland Clearing Services Department, if you need to recall one or more items from a file you have uploaded. This form must be sent to **directentry@boq.com.au** as soon as possible. Refer to Business Banking Guide to Fees and Charges for applicable fees.)

Please complete the following details:

Business Name _____

Contact Name _____ **Contact Phone** _____

APN Number _____ **Date/Time File Uploaded** _____

Please tick one of the changes indicated below

Recall ALL items on my payment/debit file totaling \$ _____

Recall the following item/s on my payment/debit file

BSB	Account Number	Account Name	Recall Amount

Reason for Recall _____

Customer Signature _____ **Date** _____

Print Name _____ **Position** _____

