

# DIRECT DEBIT REQUEST AND AUTHORITY

Request and Authority to debit your account

By signing this Direct Debit Request you have authorized (you) to arrange for funds to be debited from your account and paid to the d

## Debit User Details:

Debit User Name: \_\_\_\_\_

ID/ABN Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Account Holder Details:

Account Holder's Full Name(s): \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Financial Institution Details:

Name of Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

BSB Number (must be 6 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

## Payment Details:

Payment Amount: \_\_\_\_\_ AUD

Payment Frequency: \_\_\_\_\_

Until further notice or until (please specify): \_\_\_\_\_

## Acknowledgment and Agreement:

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request Service Agreement provided by the debit user and that I/we have read and understood those terms. I/We authorize the debit user to debit the account identified above through the Bulk Electronic Clearing System (BECS) and agree to be bound by the terms of this request.

## Customer Signature(s):

Signature 1: \_\_\_\_\_

Signature 2 (if applicable): \_\_\_\_\_

Print Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

## Privacy Statement:

The debit user will collect, use and disclose your personal information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. Your information will be used to process this Direct Debit Request and for related purposes.

**How to Contact Us:**

For all enquiries regarding this direct debit arrangement, please contact the debit user directly. If you believe there has been an error in debiting your account, please contact your financial institution immediately.

**Customer Signature(s)**

**Debit User Representative**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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