

DIRECT DEBIT REQUEST FORM

To (Financial Institution): _____

Account Name: _____

BSB Number: _____ Account Number: _____

Debtor Details:

Name(s) of Account Holder(s): _____

Address: _____

Phone Number: _____

Email Address: _____

Details of the Debit Arrangement:

Name of the User to be Debited: _____

User ID (if known): _____

Frequency of Debits: _____

Amount to be Debited: _____ AUD

Acknowledgement and Agreement:

By signing this Direct Debit Request (DDR) you acknowledge having read and understood the terms and conditions governing the DDR Service Agreement provided by the Financial Institution. You authorize the User to debit your nominated account through the Bulk Electronic Clearing System (BECS). You acknowledge that debiting arrangements may be stopped or altered by contacting your Financial Institution or the User. You acknowledge that your Financial Institution is not responsible for the DDR arrangements or the manner in which the User acts under the DDR.

Terms and Conditions:

1. The User will give you at least 14 days' notice in writing if there are changes to the debit arrangements.
2. You may cancel or stop the DDR by giving written notice to the User or your Financial Institution.
3. If a debit is returned unpaid you will be notified promptly and you must make arrangements to pay the amount due.
4. The User and your Financial Institution reserve the right to cancel the DDR if two consecutive debits are dishonoured.
5. This DDR is governed by the provisions of the Bulk Electronic Clearing System (BECS) and the rules of the User's Financial Institution.

DEBTOR'S SIGNATURE

USER'S SIGNATURE

Signature: _____

Signature: _____

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