

Direct Debit Request Form



Is this a change to an existing Direct Debit?
(Please tick one) Yes No

Is this a Cancellation?
(Please tick one) Yes No

OFFICE USE ONLY

Authority Number:

Please return this form to (no stamp required):
LLL, Reply Paid 45, North Adelaide SA 5006

PLEASE USE BLOCK LETTERS

Request and Authority to Debit

Surname _____ Given Names _____

Business Name _____ Business ABN _____

"You" request and authorise Lutheran Laypeople's League of Australia Ltd. (User ID No. 06861) to arrange a debit to your Nominated Account in accordance with the instructions provided. This debit will be arranged through the Bulk Electronic Clearing System Framework (BECS) from your Nominated Account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

FROM:

Your account details (ie account transferred from)

Account Name _____

Financial Institution name _____

BSB number _____ Account number _____

Debit details

Amount to be Debited \$ _____ with the first debit to be made on (date) _____

and at the following intervals (please tick one): Weekly Fortnightly Monthly Quarterly Half-Yearly Yearly

Or for any such amount/s or period/s as directed by you to LLL or via Internet Banking until cancellation. Reference _____

TO:

Account to be credited (ie account transferred to)

Account name _____

BSB number _____ Account number _____

Confirmation and Account Signatories

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:

- you are authorised to operate the Nominated Account; and
- you have understood and agree to the terms and conditions set out in this Request and in your Direct Debit Service Agreement.

Signed in accordance with the account authority on your account:

Signature

X

Signature

X

Postal Address _____

Postcode _____

Daytime Phone _____

Email _____

Date