

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

St Pauls Lutheran Church Grovedale

BSB number

704-942

Account number

100413013

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