

Direct Debit Request



Customers' Authority Name and Address (Rental Property) of Customer(s) giving the DDR

I/We Name:
Rental property address:

authorise you

to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in Service Agreement.

| | |
|----------------------|----------------------------------|
| Signature | Date |
| <input type="text"/> | <input type="text" value="/ /"/> |
| Signature | Date |
| <input type="text"/> | <input type="text" value="/ /"/> |

Details of the Account to be Debited (All details must be supplied)

Name of the Financial Institution

Account Name

BSB number Account number

Payment Details The payment is for

I/We request that you debit my/our account in accordance with our Lease Agreement

1st of every month / 15th of every month %

I/We authorise the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.
- 3 . Cancellation of Direct Debit TO BE DONE STRICTLY IN WRITING 72 hours prior to date of debit. Copy of Letter attached for your convenience.**

Signed by the Customer(s)