Direct Debit Request Form

Finance with a mission

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 the account named below

Title Surname Given Names

Business Name Business ABN

"You" request and authorise Lutheran Laypeople's League of Australia Ltd. (User ID No.06861) to process direct debits through the Bulk Electronic Clearing System in accordance with the instructions provided.

FROM:

Financial Institution details (ie that holds the account)

Financial Institution name

Account details (ie account transferred from)

Account 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 LLL@Home.

Reference

TO:

Account to be credited (ie account transferred to)

Account name

BSB number | | | | – | | | | Account number | | | | | | | | | |

Signature and details of account holders

By signing this **Direct Debit Request** you acknowledge having read and understood the terms and conditions of the Direct Debit Request Service Agreement.

Postal Address

Postcode

Daytime Phone

Email

Signature

Date

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