

Direct Debit Request Form



Is this a change to an existing Direct Debit?
(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/ARBN

"You" request and authorise The Lutheran Laypeople's League of Australia Inc. (User ID No.06861) to process any amount the LLL deems to debit or charge you through the Bulk Electronic Clearing System from an account held at the Financial Institution below subject to the terms and conditions of the Direct Debit Request Service Agreement and further instruction that may be provided below.

FROM:

Financial Institution details (ie that holds the account)

Financial Institution name
Address Postcode

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 this and understand the terms and conditions under which debit arrangements are made between you and The Lutheran Laypeople's League of Australia Inc. as laid down in this Direct Debit Request and in your Direct Debit Request Service Agreement.

Postal Address Postcode
Phone ()
Email

Signature

X

Date