



Direct Debit Request (DDR)

Request to establish Direct Debit Authority within the Direct Debit System



Membership Number

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:-

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J | K | L | M |
| N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

Customer Details

First Name

Last Name

Address

Suburb

State

Postcode

Home Phone

Mobile Phone

Work Phone

Email Address

Payment Details – Account to be Debited

Name of Financial Institution

Please check with your Financial Institution to ensure the account nominated will facilitate direct debiting. See Service Agreement clause 10 overleaf.

Account Name

Direct Debits will be deducted on the 15th of the month, or the next business day, on a monthly interval.

BSB

Account Number

I authorise PriCap Pty Ltd ABN 83 090 976 104 APCA User Id 165375 to debit my account at the Financial Institution identified here through the Bulk Electronic Clearing System (BECS)

OR CREDIT CARD

Card Number

Expiry Date

Authorisation

This authorisation is to remain in force in accordance with the terms and conditions on this page and the reverse side hereof and I have read and understand the same.

Signature

Signature Date