

Payment Services Bureau
PO Box 157
Collins St West, Vic 8007
Phone: 03 8611 1100

Direct Debit Request

Request and Authority to debit the account named below to pay Payment Services Bureau

Customer Account Number	_____
Request and Authority to debit	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise Payment Services Bureau User ID 328900 to arrange, through its own financial institution, a debit to your nominated account any amount Payment Services Bureau, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ _ - _ _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Acknowledgment	<p>By <i>signing</i> and/or providing us with a valid instruction in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Payment Services Bureau as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Insert your signature and address	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>
	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>