

Direct Debit Request Agreement



Fax to: 03 9299 4387

Mail to: **Direct Debit Request**
Australia Post Credit Management
GPO Box 2137
Melbourne VIC 3001

Email: DirectDebitRequest@auspost.com.au

Please Note: If returning this form by Fax or Mail this form must be accompanied by a Company Letterhead.
If returning via email it must be from a company email address.

I/We

Surname/Company/Business Name:	Given Name/s or ACN/ABN
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Request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which **AUSTRALIAN POSTAL CORPORATION (User ID Number 063802)** may debit or charge me/us through the Direct Debit system. I/We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority by it of any monies pursuant to this Request of any authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us, terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Postal Address:	Suburb:	Post Code:	
AP Account Number:	Email:	Phone:	Fax:

Approved Company Representatives

Signature:	Signature:
Name:	Name:
Position Held:	Position Held:
Date:	Date:

The Schedule Please note the below details will be debited from your account on the 24th day of each month

Name of Account (or Company/Business Name):		
BSB Number: -	Account Number:	
Financial Institution Name:		
Financial Institution Address (optional)	Suburb:	Post Code:

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

OFFICE USE ONLY	
Date Processed	Credit Management Representative (Print Name)