

DIRECT DEBIT REQUEST FORM



REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY BÜRKERT CONTROMATIC AUSTRALIA PTY LTD	
REQUEST AND AUTHORITY TO DEBIT	<p>COMPANY NAME _____</p> <p>ABN/ARBN _____ "you"</p> <p>request and authorise BÜRKERT CONTROMATIC AUSTRALIA PTY LTD to arrange, through its own financial institution, a debit to your nominated account any amount BÜRKERT CONTROMATIC AUSTRALIA PTY LTD 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> <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 and/or</i> 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 BÜRKERT CONTROMATIC AUSTRALIA PTY LTD as set out in this Request and in your Direct Debit Request Service Agreement.</p>
PAYMENT DETAILS	<p><input type="checkbox"/> By ticking this box you agree that debits may be made twenty eight days after the issue of a billing advice, (statement), or where that day is not a banking day, the first banking day prior.</p>
INSERT YOUR SIGNATURE & ADDRESS	<p>SIGNATURE _____</p> <p>NAME _____</p> <p>(IF SIGNING FOR A COMPANY, SIGN AND PRINT FULL NAME AND CAPACITY FOR SIGNING)</p> <p>ADDRESS _____</p> <p>_____</p> <p>_____</p> <p>DATE __ / __ / __</p>