## Direct Debit Request Form



Is this a change to an existing Direct Debit? (Please tick one) ☐ Yes ☐ No	OFFICE USE ONLY
	Authority Number:
Is this a Cancellation? (Please tick one) ☐ Yes ☐ No	
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
"You" request and authorise Lutheran Laypeople's League of Australia Ltd. (User ID No.06861) to process direct debits through the Bulk Electronic Clearing System in accordance with the instructions provided.	
FROM:  Financial Institution details (ie that holds the account)	
Financial Institution name	
Account details (ie account transferred from)	
Account name	
BSB number         -	Account number
Debit details	
Amount to be Debited \$ with the first de	ebit to be made on (date)
and at the following intervals (please tick one): $\square$ Weekly $\square$ Fortnightly $\square$ Monthly $\square$ Quarterly $\square$ Half-Yearly $\square$ Yearly	
Or for any such amount/s or period/s as directed by you to LLL or via LLL@Home.	
TO:	PARTONE STATE OF THE
Account to be credited (ie account transবিrred to)	
Account name Nundah St Pauls Lutheran Church deposit No 1	
BSB number   7   0   4   -   9   4   2	Account number   1   0   0   1   5   3   3   8   0
Signature and details of account holders	
By signing this <b>Direct Debit Request</b> you acknowledge having read and understood the terms and conditions of the Direct Debit Request Service Agreement.	Postal Address  Postcode
	Daytime Phone
	Email
Signat ur e	Date