

Debit User Company logo and name

Direct Debit Request

Request and Authority to debit the account named below to pay

Name of Debit User

Request and Authority to debit:

Full name or company name

I/We request and authorise (Name) _____ (ID Number) _____ ("you") to arrange for any amount (you may debit or charge me/us) to be debited through the direct debit arrangement from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

Financial Institution Information

Financial institution name

Address

Telephone no.

Fax

Postcode

Country

Insert details of account to be debited

Account number

Please debit my account in BMD USD**Acknowledgment**

By signing this Direct Debit Request I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between you and me/us as set out in this Direct Debit Request and in the Direct Debit Agreement/or Terms and Conditions.

Payment Details (Optional Section)

The maximum amount to be debited at any one time is: \$

Amount in words

or

The first debit may be made on ___ / ___ / ___ and at weekly biweekly monthly quarterly half yearly intervals after that or

Debits may be made 14 (fourteen) days after the issue of a billing advice

Signature

(If signing for a company, sign and print full name and capacity for signing e.g. director)

Print Name

Capacity

Address

Postcode

Country

Date (dd/mm/yyyy)