



Direct Debit Request Form



Request and Authority to debit

Surname or Company name

Given name or ABN ("you")

Request and authorise PriCap Pty Ltd ABN 83 090 976 104 User ID Number 165375 to arrange for amounts PriCap Pty Ltd ABN 83 090 976 104 may debit or charge you through the Direct Debit subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

Insert the name and address of financial institution where account is held

Name of the Financial Institution

Address of Institution

Insert details of account to be debited

Name of account

Expiry

BSB

Account Number

M M / Y Y

Frequency of debit

The first debit on and intervals thereafter

Cycle

Acknowledgement

I acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement received from you.

Signature

(if signing for a company, sign and print full name and capacity for signing e.g.: Director)

Date Signed

Preferred Contact Method (Please indicate using a tick ✓)

Postal Address

Email Address

Fax Service

Telephone

Customer Check List

Checked at Institution (✓) By Representative Date: ___/___/___

Client Name Member ID