

Direct Debit Request Form

Appendix 1

Request and Authority to debit the account named below to pay Motor Traders' Association of NSW

Request and Authority to debit	Trading/Company Name:		
	ABN/ARBN:		
	"you" request and authorise Motor Traders' Association of NSW user id 533334 to arrange, through its own financial institution, a debit to your nominated account any amount Motor Traders' Association of NSW, has deemed payable by <i>you</i> .		
	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.		
Insert the name and address of financial institution at which account is held	Financial Institution Name:		
	Street Address:		
	Suburb:	State:	Postcode:
Insert details of account to be debited	Name/s on account:		
	BSB: (6 digits)		
	Account Number:		
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Motor Traders' Association of NSW as set out in this Request and in your Direct Debit Request Service Agreement.		
Insert your signature and address	0		D. /
	Signature: (If signing for a company sign, print full name a	and capacity for signing (e.g. director)	Date:
	Street Address:		
	Suburb:	State:	Postcode:
Second account signatory (if required)	Signature: (If signing for a company sign, prin	t full name and capacity for signing	Date:
	Street Address:		
	Suburb:	State:	Postcode:

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