



# Direct debit request form

Request to establish debit authority in the Direct Debit system

Weekly  Fortnightly  Monthly

I/We \_\_\_\_\_  
surname or company/business name Given name/CAN number

\_\_\_\_\_  
Address Postcode

Authorise the CEPU Electrical Division, NSW Branch. (ACPA ID 025902), to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing Systems (BECS).

This authorisation is to remain in force in accordance with the terms described in the Customer Service Agreement.

Identified by Reference information \_\_\_\_\_  
UNION Membership Number

## Details of account to be debited:

Account held in the name of: \_\_\_\_\_

Financial Institution's BSB \_\_\_\_\_

Account Number: \_\_\_\_\_

Financial Institutions name/address \_\_\_\_\_

*(Insert the name and address of the Financial Institution at which your account is held.)*

*(Please note direct debiting through BECS is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.)*

## Direct Debit Authorisation

I/We have read the "Customer Service Agreement" that is attached or separate and acknowledge and agree with its terms and conditions.

I/We request this arrangement to remain in force in accordance with details set out in the schedule described above and in compliance with the "Customer Service Agreement".

Customer(s) Name: \_\_\_\_\_

Customer(s) Signature \_\_\_\_\_

(If joint account all signatures may be required)

Date:        /        /

MOISTEN AND SEAL

MOISTEN AND SEAL