Direct Debit Request Form

Finance with a mission

Is this a change to an existing Direct Debit?
(Please tick one) ☐ **Yes** ☐ **No**

Is this a Cancellation?
(Please tick one) ☐ **Yes** ☐ **No**

OFFICE USE ONLY

Authority Number:

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/ARBN

"You" request and authorise The Lutheran Laypeople's League of Australia Inc. (User ID No.06861) to process any amount the LLL deems to debit or charge you through the Bulk Electronic Clearing System from an account held at the Financial Institution below subject to the terms and conditions of the Direct Debit Request Service Agreement and further instruction that may be provided below.

FROM:

Financial Institution details (ie that holds the account)

Financial Institution name

Address Postcode

Account details (ie account transferred from)

Account name

BSB number | | | | – | | | | Account number | | | | | | | | | |

Debit details

Amount to be Debited $_____ with the first debit to be made on (date) ____/____/____

and at the following intervals (please tick one): ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

Or for any such amount/s or period/s as directed by you to LLL or via LLL@Home.

Reference REG ST JOHNS

TO:

Account to be credited (ie account transferred to)

Account name UNLEY ST JOHN'S LUTHERAN CHURCH REG

BSB number 7 0 4 – 9 4 2 Account number 1 0 0 1 4 9 8 5 5

Signature and details of account holders

By signing this **Direct Debit Request** you acknowledge having read this and understand the terms and conditions under which debit arrangements are made between you and The Lutheran Laypeople's League of Australia Inc. as laid down in this Direct Debit Request and in your Direct Debit Request Service Agreement.

Postal Address

Postcode

Phone ( )

Email

Signature
X

Date

Office: 175 Archer Street, North Adelaide, SA 5006 | Postal: PO Box 45, North Adelaide, SA 5006
Toll Free 1800 556 457 | Tel 08 8360 7200 | Fax 08 8267 1722 | lll@lll.org.au | www.lll.org.au | ABN 25 044 678 441

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