



Inland Direct Debit Request Form

Completion of this form is mandatory

FORM DDR REQUEST FOR DEBITING AMOUNTS TO ACCOUNTS BY THE DIRECT DEBIT SYSTEM

Date

Insert name and address of Financial Institution at which your account is held.

Insert your name in full

I/We

(Surname, Company name or Business name)

(Given names, ABN number)

request monies due in terms of the repayment arrangements contained in the Client Service Agreement made between ourselves on __/__/__,

Be drawn by Inland Petroleum (Castlyn Pty Ltd trading as :) (the User*)

User ID number 216317 under the Direct Debit System from my/our account nominated in the Schedule below.

I/We understand and acknowledge this Direct Debit arrangement is governed by the terms of the Client Service Agreement

Customer Signature(s)

(If joint account all signatures may be required)

Customer (s) Address

Customer (s) Address

The Schedule

Insert name of account which is to be debited

BSB Number

Account Number

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

✂

OFFICE USE ONLY

(Please return by mail document with original signature/s. Thank you.)

Reference No

Written by: Ana Hull	Approved by: Paul McCallum - Principal		
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