

DIRECT DEBIT REQUEST

COMPANY NAME: SAJO ADV PTY LTD
ADDRESS: 3 Salisbury Road Castle Hill 2154 NSW
CONTACT DETAILS: 0431 244 162
FOR: Miss Fit Dance Studio

**Request and Authority to debit the account named below to pay
SAJO ADV PTY LTD**

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN /ARBN _____ "You"

request and authorise **SAJO ADV PTY LTD, DEBIT USER ID: 607185** to arrange, through its own financial institution, a debit to Your nominated account any amount **SAJO ADV PTY LTD**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your 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 _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 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 **SAJO ADV PTY LTD** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / _____

Second account signatory

(if required)

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / _____
