



DIRECT DEBIT REQUEST

Request and Authority to debit the account name below to pay

Veda Advantage Information Services & Solutions Ltd

Request and Authority

To debit

Surname or company name : _____

Given names or ACN /ARBN _____

Request and authorise **Veda Advantage Ltd** (User ID 093019) to arrange for any amount **Veda Advantage Information Services & Solutions Ltd** may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below]

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of the account to be debited

Name of account _____

BSB number ____ ____ ____ ____ ____

Account number ____ ____ ____ ____ ____ ____ ____ ____ ____

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and **Veda Advantage Information Services & Solutions Ltd** as set out in this request and in your Direct Debit Request Service Agreement

Authorising

Signature(s):

(If joint account all signatures may be required)

Include Address:

Postcode

Veda Advantage Information Services & Solutions Ltd Account Number(s) to be paid

Account Number will be listed on invoices.
