

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Way Forward Debt Solutions Limited

<p>Request and Authority to debit</p>	<p>Your Surname _____</p> <p>Your Given Names _____</p> <p>request and authorise Way Forward to arrange a direct debit from your nominated account into Way Forward's trust account of the amounts payable by you in accordance with your repayment arrangement and authorities. This debit or charge will be made through the Bulk Electronic Clearing System Framework (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.</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
<p>Insert details of account to be debited</p>	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>Acknowledgment</p>	<p>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 Way Forward as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your signature, email and address</p>	<p>Signature _____</p> <p>Address _____</p> <p>Email _____</p> <p>Date ___ / ___ / ___</p>
<p>Second account signatory (if required)</p>	<p>Signature _____</p> <p>Address _____</p> <p>Email _____</p> <p>Date ___ / ___ / ___</p>