



# Direct Debit Request Form

BUROSERV (ABN 48 612 519 178) of  
P.O. Box 1118, Chatswood, NSW 2067

Email: [dd@buroserv.com.au](mailto:dd@buroserv.com.au)  
Website: [buroserv.com.au](http://buroserv.com.au)

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Order Number         | Account Number       | Account Name         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Request and Authority to debit the account named below to pay Buroserv ( An LMGPS Ltd Company) ABN 48 612 519 178

REQUEST and  
AUTHORITY to DEBIT

Your Surname or Company Name

Your Given Names or ABN / ARBN

\_\_\_\_\_, \_\_\_\_\_ "you"

request and authorise Buroserv User ID 455607 to arrange, through its own financial institution, a debit to your nominated account any amount Buroserv, 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.

FINANCIAL  
INSTITUTION

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

Financial Institution Name

Address

ACCOUNT DETAILS

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 Buroserv as set out in this Request and in your Direct Debit Service Agreement.

Signature

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

Second Account Signatory (if required)

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

Address

Address

Date

Date



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## CREDIT CARD DETAILS

Direct debiting to credit cards does not form part of procedures governed by the Bulk Electronic Clearing System. Please refer to procedures detailed in your cardholder terms and conditions provided by your Financial Institution.

Cardholder Name

Credit Card Number

Expiry Date

CVV

Card Type

**VISA**  **MasterCard**  **AMERICAN EXPRESS**

Signature