Resources CREDIT UNION
ABN 59 087 650 584

Direct Debit Request

DDR# _____
(Office Use Only)

Authority and request to debit the account detailed below to pay *Resources Credit Union Ltd.* ***User ID No 049192***

Customer's details	**Member No.** _____ **Account type to be credited** _____ **eg. S1 or L60** **Surname or Company Name** _____ **Given name or ACN/ABN** _____ **("you")** **Address** _____
Authority and request to debit	You authorise and request ***Resources Credit Union Ltd. User ID No 049192***, until further notice in writing, to arrange for any amount ***Resources Credit Union Ltd.*** may properly debit or charge you to be debited from the account identified below through the Bulk Electronic Clearing System, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.
Amount and frequency of debit (tick appropriate boxes)	☐ Agreed Loan Repayment **OR** Debit Amount $ _____ Debit Frequency ☐ Regular ☐ One-Off Date: _____ Frequency ☐ Weekly ☐ Half-Yearly ☐ Fortnightly ☐ Yearly ☐ Monthly ☐ Four Weekly ☐ Quarterly ☐ Two Monthly Commencement Date for Regular Debits _____ / _____ / 20____ Final Date for Regular Debits _____ / _____ / 20____ **OR** ☐ Until Further Notice
Insert the name and address of financial institution at which your account is held	Note: Direct Debiting may not be available on the full range of accounts. If unsure, please refer to your financial institution for further information. **Financial Institution name** _____ **BSB Number** |__|__|__| - |__|__|__| **Branch:** _____ _____
Insert details of the account to be debited	**Account Name** _____ **Account Number** |__|__|__|__|__|__|__|__|__|__|
Acknowledgment	By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and ***Resources Credit Union Ltd.*** as set out in this Direct Debit Request and the Direct Debit Request Service Agreement. Please ensure that the account information you have provided is correct and that this Direct Debit Request is signed by all account holders of the nominated account.
Insert your signature/s and the date	**Signature** _____ **Date** ____/____/____ **Signature** _____ **Date** ____/____/____