



Direct Debit Request

ABN 75 087 650 208

**Authority and request to debit the account detailed below to pay
*Karpaty Ukrainian Credit Union Limited [User ID No 049314]***

Customer's details	Surname or Company Name _____ Given name or ACN/ABN _____ (“you”) Address _____
Authority and request to debit	You authorise and request <i>Karpaty Ukrainian Credit Union Limited [User ID No 049314]</i> , until further notice in writing, to arrange for any amount <i>Karpaty Ukrainian Credit Union Limited</i> 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.
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 <i>Karpaty Ukrainian Credit Union Limited</i> 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 ____/____/____