

## APPENDIX M

# Direct Debit Request

**Request and Authority to debit the account named below to pay AFL Queensland Ltd**

**Request and Authority to debit**

**Your Company name** \_\_\_\_\_

**Your ABN/ARBN** \_\_\_\_\_

“you” request and authorise **AFL Queensland Ltd (ID: 447801)** to arrange, through its own financial institution, a debit to your nominated account any amount **AFL Queensland Ltd** 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.

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

**Financial institution name** \_\_\_\_\_

**Address** \_\_\_\_\_

**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 **AFL Queensland Ltd** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature and address**

**Signature** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

**Second account signatory (if required)**

**Signature** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_