



NAME OF ACCOUNT:

CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED.

<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"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch Number	Account Number									Suffix			

AUTHORITY
TO ACCEPT
DIRECT DEBITS
(Not to operate as an assignment or agreement)

TO: The Manager, (Please Print Full Postal Address Clearly for Window envelope)

BANK	
BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

Authorisation Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	3	1	3	8	1	2	

(User Number)

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

DebitPlan Unit Trust
(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (Initiator to Complete)

Payer Particulars	Payer Code	Payer Reference
C O N N E C T T V		

NAME OF ACCOUNT (Customer to Complete)

AUTHORISED SIGNATURE(S) _____ DATE

<p>APPROVED</p> <p>1381</p> <p>05/06</p>	FOR BANK USE ONLY:			BANK STAMP
	Date Received:	Recorded By:	Checked By:	
Original	-Retain at Branch			
Copy	-Forward to initiator if requested			