

**DIRECT DEBIT REQUEST (DDR)  
(DDR Service Agreement on reverse)**

*Insert Customer Name ,  
partnership or Company  
in full including ACN/ABN*

I/We.....  
.....  
(Surname or Company Name)  
.....  
(Given names or /ARBN)

authorise THE AUSTRALIAN CUSTOMS SERVICE (User ID No.2751)  
to arrange for funds to be debited from my/our account at the financial  
institution identified below.

This authorisation is to remain in force in accordance with the Direct Debit  
Request Service Agreement provided with this form.

I/We understand and acknowledge that:

- 1. The Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
- 2. The Financial Institution may in its absolute discretion at any time by notice in writing to me/us terminate this Request as to future debits.

*Name and branch of  
financial institution:*

**DETAILS OF THE ACCOUNT TO BE DEBITED**  
*(All account details must be supplied)*

*BSB Number:*

.....  
\_\_\_\_ - \_\_\_\_ (This must be 6 digits)

*Account Number:*

\_\_\_\_\_  
characters) (cannot be more than 9

**Note:** Please ensure the account and BSB number that you are providing are correct. Direct debiting is not available on a full range of accounts and if you are unsure please clarify with your financial institution.

*Account name:*

Credit union cheques may not show their own BSB number. Check with the credit union for the BSB number to use for direct debit.

*Customer signature(s):  
(all signatories may be  
required to sign on joint  
accounts)*

.....  
*Please Print*  
.....  
.....

*Date:*

*Ledger Institute*

*Stamp confirming correct account details*

.....  
*Date*

### EFT REGISTRATION FORM (Owner's Details)

This form is to be completed by an Owner authorising the User to pay for entries from Nominated Accounts.

A DDR form must be completed in respect of each Nominated Account in this Schedule E authorising the Ledger Financial Institution to debit those accounts on receipt of instructions from the ACS through the Direct Debit System.

Please print all details clearly in the spaces provided.

1. Name of User: .....

User (Site) ID: ..... User (Agency) ID: .....

2. Owner's Name: .....

Owner Code : .....

3. List each Nominated Account up to a maximum of nine in respect of which a DDR form has been completed.

No.	BSB Number	Account Number	Account Name	\$ Daily Limit
1				
2				
3				
4				
5				
6				
7				
8				
9				

4. The \$ daily limit (if any) that can be drawn from the Nominated Accounts applies to payments made from the User Site ID specified at 1 above.

5. This form must be signed by an Owner.

6. The Owner warrants that all details provided are true in every particular and undertakes to, or have an Account Holder, immediately notify the ACS in writing of any changes in the details.

I, ..... (Please Print Full Name) hereby authorise the above mentioned User to make payment to the ACS using the EFT facility from the above mentioned accounts subject to the above mentioned conditions.

A written authorisation in accordance with sub-clause 11.4 (if applicable) is attached.

Signature: ..... / /20 Ph: ( ) .....