



Direct Debit Request
 Kurri Kurri Community Services Ltd
 251 Lang Street
 KURRI KURRI NSW 2327
 Tel: 4937 4555
 Email:directdebit@kkcc.com.au

**Request and Authority to debit the account named below to pay loan repayments
 Kurri Kurri Community Services Ltd ('KKCS')**

Request and Authority to debit	Your Surname _____ Your Given names _____ "you" request and authorise KKCS to arrange, through Integrapay, a debit from your nominated account for regular loan repayment instalments as per your Client Contribution Agreement. This debit or charge will be made through Integrapay from <i>your</i> account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Service Agreement (DDSA).		
Loan Repayment Instalment details	Instalment Amount:	\$ _____	Commencement Date: _____
	Frequency of Payments:	Mthly/Wkly/Ftn	Day/Date of payments: _____
Insert the name and address of financial institution at which account is held	Financial institution name _____ Address _____ _____		
Insert details of your 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 KKCS as set out in this Request and in your Direct Debit Service Agreement.		
Insert your signature and address	Signature _____ Address _____ Date Signed ___ / ___ / ___		
Second account signatory (only complete this section if two signatories are required to operate on the account nominated above)	Name of Co-Signatory _____ Signature _____ Address _____		
Office Use Only	Branch _____ Job Number _____ Notification Date: ----- Exo Account Number: -----		