



TR Telecom

a Division of TR Pty Ltd
A.B.N: 99 005 499 721

PO Box 1185 Blackburn North VIC 3130
Tel: 03 9896 3000
Fax: 03 9896 3099

FORM PD-C YOUR AUTHORITY TO YOUR BANK

Request for Debiting Amounts to Accounts by the Direct Debit System Date / /20

YOUR BANK DETAILS	
Name of Bank:	_____
Branch:	_____
Address:	_____ Postcode _____

I/We _____
(Surname or Company/Business Name) (Given Names or ACN/ARBN)

Address _____
Postcode _____

request you until further notice in writing to debit my/our account described in the schedule below any amounts which TR Telecom – a division of TR Pty Ltd, A.B.N. 99 005 499 721 (“The User”) may debit or charge me/us through the Direct Debit System.

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.
3. The User may, by prior arrangement and advise to me/us, vary the amount or frequency of future debits.

The Schedule	
Details Of Bank Account To Be Debited	
Bank Account Title:	_____
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	<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"/>

YOUR AUTHORITY TO TR Telecom - a division of TR Pty Ltd

I/We hereby authorise you to debit the monthly bill total to the bank account named in the above request pursuant to my/our agreement with you.

Customer Signature: 1. _____ 2. _____
(If joint account all signatures may be required)

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

OFFICE USE ONLY	
Customer Account Number
Customer Name
Commencement Date	Expiry Date