



# DIRECT DEBIT AUTHORITY FORM

Please fill in capital letters, and avoid contact with edge of the boxes provided



Merchant Name: \_\_\_\_\_ Merchant Id: 20368 Flo2Cash System Reference Version: V5

## A. CUSTOMER DETAILS

\*First Name:  \*Last Name:

Company Name:   
(if applicable)

\*Address:  Post Code:

\*Email:

\*Phone: Home  Work  Mobile

**\*IMPORTANT:** Please provide correct contact details so Flo2Cash can notify you of the payment setup and any amendments that are made to this payment plan

## B. DEBIT ARRANGEMENTS/PAYMENT DETAILS

Debit Start Date:  15th  28th

Debit Duration:  Continue until further notice  
 Continue until this date

Debit Frequency:  Fortnightly  Monthly

Payment Amount:

## C. DIRECT DEBIT AUTHORITY

Name of Account Holder:

Bank Branch:

Address (PO Box):

Town/City:

Bank Account Number:

Bank                      Branch                      Account Number                      Suffix

Information to appear on my/our Bank Statement

Particulars	Reference

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

**Authorisation Code**

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Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved  _____
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For Bank use Only  
Original - Retain at Bank

Date Received	Recorded By	Checked By
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Bank Stamp
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