Direct Debit Authority



Name of my account to be debited (acceptor)			Initiator's authorisation code
			1 2 2 6 3 3 4
			1
Name of my bank]
Bank Branch Accou	Int	Suffix	
From the acceptor to	(my bank): []] /k]		
I authorise you to debit my account with the amou Centre with the authorisation code specified on t			nt Services Limited on behalf of Sunny Gymz Fitness y until further notice.
 I agree that this authority is subject to: The bank's terms and conditions that relate to my account, and The specific terms and conditions listed below. 			
Authorised signature/s:		Date:	
- /			
First Payment ir	ncludes administration	fee of \$5	
Specific conditions relating to notices and disput	tes		
I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:			
 I don't receive a written notice of the amount and date of each direct debit from the initiator, or I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice. 			
The initiator is required to give you a written notic 2 business days before the date of the debit.	e of the amount and da	ite of each direct debit	no less than
For a series of direct debits, the initiator is require debit in the series no less than 10 calendar days include:	_		
 the dates of the debits, and the amount of each direct debit. 			
 If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice no less than 10 calendar days before the change. 			
If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify you a second time of the amount and date of the direct debit.			
For Bank Use Only			
Approved	Date Received	Recorded By	Checked By Bank Stamp

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