



DIRECT DEBIT REQUEST (DDR)

Direct Debit Request

I/We request and authorise you, Department of Lands (User ID: 252511), to arrange for funds to be debited from my/our nominated account at the financial institution shown below.

Name		
LANDS Customer No.		
Address		
		Postcode
Account Signatories(s)		
	Where account is held in joint names, both signatures are required	
Date		
Name and Branch of Financial Institution		
BSB No.	-	
Account Number		
Account Name		

Contact Details:

Name:		Position :	
Phone No:	Fax No:	Email :	
Name:		Position :	
Phone No :	Fax No:	Email :	

I acknowledge that this request will have immediate effect following the processing of the Direct Debit Agreement and this Request. Please debit all fees and charges incurred from this date from the above account.

I/We the undersigned am authorised to enter and execute this agreement.

Signature	Signature
Print Name	Print Name
Position	Position
Date	Date

OFFICE USE ONLY		
1. Reviewed and approved – Titling & Registry Services		<input type="checkbox"/>
Name and Signature	Date	
2. Completeness of Form		<input type="checkbox"/>
3. Entered into SAP		<input type="checkbox"/>
ENTERED
Officer Name	Signature	Date
CHECKED
Officer Name	Signature	Date

Please send completed Form to:

Department of Lands
 Finance Branch
 GPO Box 15
 Sydney NSW 2001

For enquiries regarding completion of this form please ring the Senior Accounts Officer, Finance Branch, Ph: 02 9228 6944