



Name of my account to be debited (acceptor)

Initiator's authorisation code

1	2	2	8	2	6	2
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Name of my bank

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Bank

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Branch

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Account

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Suffix

From the acceptor to _____ (my bank):
[insert name of acceptor's bank]

I authorise you to debit my account with the amounts of direct debits from **Parenting Place Charitable Trust** with the authorisation code specified on this authority in accordance with this authority 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.

Please include the following information on my bank statement

Authorised signature/s:

Date:

Specific conditions relating to notices and disputes

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 notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.

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
2826 11/20				