

Nittel Communications  
Suite 51, Level 5 650 George St.  
Sydney NSW, 2000  
Tel:02-9264-0711

日本語訳・見本

Direct Debit  
Request



**nittel communications**

Request and Authority to debit the account named below  
Nittel Communications

姓：ローマ字英語表記

Request and Authority to debit

Your Surname or company name YAMADA

名：ローマ字英語表記

Your Given names or ABN/ARBN TARO "you"

request and authorise **Nittel Communications & 455740** to arrange, through its own financial institution, a debit to your nominated account any amount **Nittel Communications**, has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

オーストラリアの金融機関名

Insert the name and address of financial institution at which account is held

Financial institution name ANZ

金融機関住所：不明の場合は未記入

Address \_\_\_\_\_

口座名

Insert details of account to be debited

Name/s on account TARO YAMADA

BSB 番号

BSB number (Must be 6 Digits)

| 1 | 2 | 3 | - | 4 | 5 | 6 |

口座番号

Account number

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Nittel Communications** as set out in this Request and in your Direct Debit Request Service Agreement.

銀行口座名義人が金融機関へ提出しているご署名となります

Insert your signature and address

Signature \_\_\_\_\_

お客様現住所

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address Suite 51, Level 5,

本日の日付

Date 25 / 05 / 14 (dd/mm/yy)

Second account signatory (if required)

Signature \_\_\_\_\_

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address \_\_\_\_\_

記入の必要はありません

Date \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)