



DIRECT DEBIT REQUEST/AUTHORITY

PROPERTY ADDRESS: _____

TENANT NAME: _____

Property Manager: _____

- This form is to be completed and signed by tenant requiring commencement of a Direct Debit.
 Note this form must be received and acknowledged 3 working days prior to the date on which you require this Direct Debit to commence.

Date Direct Debit is to commence _____

Account Name _____

BSB and Account number BSB ___ - ___ Account No. _____

Day of week Direct debit is to be taken
(Monday to Friday only) _____

I/We Request and Authorise SCIA Pty Ltd atf the SCIA Unit Trust Trading as Harcourts
Rockhampton/Capricorn Coast to Electronically Debit my account for the amount of
\$_____.

*NOTE TO TENANT - IF YOU HAVE NOT RECEIVED AN SMS FROM HARCOURTS CONFIRMING THE
REQUEST FOR DIRECT DEBIT HAS BEEN EXECUTED WITHIN THE THREE DAYS - PLEASE
CONTACT YOUR PROPERTY MANAGER*

Signature of Tenants _____

Dated this _____ day of _____ 2011.

Signature of Acknowledging Property Manager _____

Dated this _____ day of _____ 2011.