

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 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 return this form to:

Land and Property Information
 Finance Branch
 PO Box 15
 Sydney NSW 2001

For enquiries regarding completion of this form please contact:
 Account inquiry
 Finance Branch
 T: 9228 6700
 E: account.inquiry@lpi.nsw.gov.au