FORM OF REQUEST FOR DEBITING AMOUNTS TO ACCOUNTS BY THE DIRECT DEBIT SYSTEM

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The Manager	
National Australia Bank Limited Law Society Branch	
170 Phillip Street	
SYDNEY NSW 2000	
Dear Sir,	
	(Given name/s) n writing to debit my/our account described in the schedule below, any amounts S LIMITED (User ID) 648 may debit or charge me/us through the Direct Debit
I/We understand and acknowledg	ge that:
The Bank may in its absolute pursuant to this Request or a	te discretion determine the order of priority of payment by it of any moneys ny authority or mandate.
2. The Bank may in its absolut to further debits.	e discretion at any time by notice in writing to me/us terminate this Request as
	THE SCHEDULE
*Details of account to be debited	:-
(NB: DIRECT DEBITING IS ANY DOUBT PLEASE REFER	NOT AVAILABLE ON THE FULL RANGE OF BANK ACCOUNTS. IF TO YOUR BANK)
Title of Account	
Bank	Branch
Bank/State/Branch Number (NB: This is the central group of	numbers at the bottom of your cheques in the form XXX-XXX)
Account Number	
Duty Stamp (if required)	*Signature of Customer
*To be completed	*Address of Customer
	ICAL PAYMENT OF PERIODICAL DEBIT there applicable, to your own bank)
In favour of	COUNSEL'S CHAMBERS LIMITED
Please cancel my existing Author	ority to you to debit my account and make payments to the abovementioned
Company/Society, etc, for the an	nount of \$ on
in respect of Contract/Policy, etc	Number:
Date	Signature of Customer

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