

Name of account to be debited:

**AUTHORITY  
TO ACCEPT  
DIRECT DEBITS**  
 (Not to operate as an  
assignment or agreement)

Account details:

Bank	Branch	Account Number										Suffix				

To: The Manager, (Please Print Full Postal Address Clearly for Window Envelope)

Bank Branch

.....

Address (P O Box)

Town/City

.....

**AUTHORISATION CODE**

**1 2 1 8 1 4 5**

Date \_\_\_\_\_

I/We authorise you until further notice in writing to debit my/our account with you all amounts which

**ASH NET Limited**

(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.  
 Information to appear in my/our bank statement

PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE

NAME OF ACCOUNT

\_\_\_\_\_

\_\_\_\_\_

AUTHORISED SIGNATURE(S)

<p>Approved</p> <p>1814</p>	For Bank Use Only	Date Received:	Recorded By:	Checked By:	BANKSTAM