





Merchant Details						
MID (Merchant ID)						
Merchant Trading Name						
Merchant Trading Address						
Suburb	State	Postcode	Phone Number			
First Name		Last Name				
Email Address						
Type of request - sele	ct all that apply					
	Direct Credit for funding – so that Till Payments can fund your account. Please note that direct credit is only available on certain accounts. Please contact your financial institution if in doubt.					
	Direct Debit for fees and chargebacks – complete this if a separate account is used for fees and charges. Please note that direct debit is only available on certain accounts. Please contact your financial institution if in doubt.					
Direct Credit Current	Bank Account Detai	ls				
Account Name						
Bank Name		Branch Name				
BSB		Account Number				
Direct Credit New Bar	nk Account Details					
Account Name						
Bank Name		Branch Name				
BCB		Account Number				



Direct Debit Current Bank Account Details

Account Name							
Bank Name		Branch Name					
BSE	3		Account Number				
Di	Direct Debit New Bank Account Details						
Account Name							
Bank Name		Branch Name					
BSB			Account Number				
Di	Director / Partner / Sole Proprietor / Authorised Representative						
By 1.	By signing this change bank account details request form, I/We 1. Authorise and request Till Payments Pty Limited, until further notice in writing, to arrange for my/our account to be debited/credited with any amounts which Till Payments may properly debit/credit or charge me/us through the Direct Debit/Direct Credit system;						
2.	Will notify Till Payments Pty Limited in writing at least 14 days in advnace if a change is required to the nominated account(s);						
3.	Have attached a bank statement copy with this request;						
4.	Warrant that the information provided is correct and not misleading;						
5.	Warrant that I/We are duly authorised to agree to the debiting and crediting of pyaments to the account or accounts nominated in this form; and						
6.	6. Warrant that any individual signatory is authorised to sign this form on behalf of the Merchant.						
Name		Name					
Si	gnature	Date	Signature	Date			



