DIRECT DEBIT REQUEST





ORIENT EXPRESS TRAVEL GROUP P/L LIC 32887 353 EXHIBITION STREET MELBOURNE VIC 3000 T: 03 9668 8768 oeaccounts@oexpress.com.au

Request and Authority to debit the account named below to pay Orient Express Travel Group P/L

Request and Authority to debit	Your Surname or company name		
	Your Given names or ABN		"you"
	id 424205, account any This debit o	authorise Orient Express Travel Group P/L , ABN 2213 to arrange, through its own financial institution, a debit amount Orient Express Travel Group P/L , has deeme r charge will be made through the Bulk Electronic Clear	to your nominated d payable by you.
		ccount held at the financial institution you have nominate e terms and conditions of the Direct Debit Request Servi	
Insert the name and address of financial institution at which account is held	Financial ir Address	stitution name	
Insert details of account to be debited	Name/s on account BSB number (Must be 6 Digits) _ -		
be debited			
	Account nu	ımber <u> </u>	_
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Orient Express Travel Group P/L as set out in this Request <i>and in your Direct Debit Request Service Agreement,</i> provided to you with this document.		
Insert your signature and address			
	Signature		
	Address	(If signing for a company, sign and print full name and capaci	ty for signing eg. director)
	Date	//	
Second account signatory (if required)			
	Signature		
	Address	(If signing for a company, sign and print full name and capaci	ty for signing eg. director)
	Date		