

 <p>Level 8 Suite 807 46-56 Kippax St Surry Hills, NSW 2010 P: (02) 8586 8200 P: 1800 025 687</p>	<h2>Direct Debit Request</h2> <p>With Satellite Music Australia Pty Ltd (ACN 072 378 986, ABN 80 072 378 986).</p>
<p align="center">Request and Authority to debit the account named below to pay Satellite Music Australia Pty Ltd</p>	
<p>Request and Authority to debit.</p>	<p>Your Surname or Company Name _____</p> <p>Your Given names or ABN/ACN _____ "you"</p> <p>Request and authorise Satellite Music Australia Pty Ltd to arrange, through its own financial institution, a direct debit to your nominated account any amount Satellite Music Australia Pty Ltd, had deemed payable to <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Insert the name and address of financial institution at which account is held.</p>	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
<p>Insert details of nominated bank account to be debited.</p>	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) __ __ __ - __ __ __ </p> <p>Account number __ __ __ __ __ __ __ __ __ </p>
<p>Insert details of nominated credit card to be debited.</p>	<p>Type of credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Credit Card Number _____</p> <p>Signature _____ Expiry Date _____</p> <p>Card holders name _____</p>

Acknowledgement.	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 Satellite Music Australia Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address.	<p>Signature_____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. Director)</p> <p>Address_____</p> <p>_____</p> <p>Date ____ / ____ / ____</p>
Second account signatory (if required).	<p>Signature_____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. Director)</p> <p>Address_____</p> <p>_____</p> <p>Date ____ / ____ / ____</p>