

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

The Manager,		
Bank South Pacific Samoa Limited	d (Bank)	
Main Office Apia	(Branch)	
Dear Sir,		
I/We (Name (s) in full	(Surname)	Given Name (s)

Request you until further notice in writing to debit my/our account described in the Schedule below, any amounts which Bank South Pacific Samoa Limited debit or charge me/us for Mastercard/Visacard transactions.

I/We understand and acknowledge that:

- (1) The Bank may in its absolute discretion determine that order of priority of payment by it of any monies pursuant to this Request or any Authority of mandate.
- (2) The Bank may in its absolute discretion at anytime by notice in writing to me / us terminate this Request as to the future debits.

THE SCHEDULE

MERCHANT NUMBER: ______

DETAILS OF ACCOUNT TO BE DEBITED

TITLE OF ACCOUNT:

BANK: Bank South Pacific Samoa Limited

BRANCH / ACCOUNT NUMBER:	
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DATED AT	THIS		DAY (DF	2023
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1. _____ 2. _____

SIGNATURE(S) OF AUTHORISED SIGNATORIES