

# Direct Debit Request

Roads and Maritime Services  
Po Box 1447, Parramatta  
NSW 2124



Transport  
**Roads & Maritime  
Services**



*Request and Authority to debit the account named below to pay*  
**Roads and Maritime Services E-Toll, User ID 216825**

<b>Request and Authority to debit</b>	<p><b>E-Toll Account Number</b> _____</p> <p><b>Surname or company name</b> _____</p> <p><b>Given names or ABN/ARBN</b> _____ “you”</p> <p>request and authorise <b>Roads and Maritime Services E-Toll, User ID 216825</b> to arrange, through its own financial institution, a debit to your nominated account any amount <b>Roads and Maritime Services E-Toll</b> has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System Framework (BECS) from <i>your</i> 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>
<b>Name and address of financial institution at which account is held</b>	<p><b>Financial institution name</b> _____</p> <p><b>Address</b> _____</p> <p>_____</p>
<b>Account to be debited</b>	<p><b>Name/s on account</b> _____</p> <p><b>BSB number (Must be 6 Digits)</b>  __ __ __  -  __ __ __ </p> <p><b>Account number</b>  __ __ __ __ __ __ __ __ __ </p>
<b>Acknowledgment</b>	<p>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 <b>Roads and Maritime Services E-Toll</b>, as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<b>Signature and address</b>	<p><b>Signature</b> _____</p> <p>(If signing for a company, sign and print full name and capacity for signing e.g. director)</p> <p><b>Address</b> _____</p> <p>_____</p> <p><b>Date</b>        ___ / ___ / ___</p>
<b>Second account signatory (if required)</b>	<p><b>Signature</b> _____</p> <p>(If signing for a company, sign and print full name and capacity for signing e.g. director)</p> <p><b>Address</b> _____</p> <p>_____</p> <p><b>Date</b>        ___ / ___ / ___</p>

**Email** - the completed form to [tca@rms.nsw.gov.au](mailto:tca@rms.nsw.gov.au)  
**Post** - the completed form to the Roads and Maritime Services, P.O. Box 1447, Parramatta, NSW 2124  
**In person**- present the completed form to any Service NSW Centre