

Name of account to be debited:

Account details:  
Bank Branch Account Number Suffix

**AUTHORITY TO ACCEPT DIRECT DEBITS**  
(Not to operate as an assignment or agreement)

To: The Manager, (Please Print Full Postal Address Clearly for Window Envelope)

Bank Branch  
Address (P O Box )  
Town/City

**AUTHORISATION CODE**  
1204748  
Date

I/We authorise you until further notice in writing to debit my/our account with you all amounts which

**ROCKET CORPORATION LIMITED**  
(Hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Information to appear in my/our bank statement

Table with columns: PAYER PARTICULARS, PAYER CODE, PAYER REFERENCE. Values include R O C K E T and a 12-digit code.

NAME OF ACCOUNT  
AUTHORISED SIGNATURE(S)

For Bank Use Only  
Approved: 0474 02/03  
Date Received: Recorded By: Checked By: BANK STAMP