Life Unlimited Trust Automatic Payment Authority Bank where my/our account is held _____ Branch where my/our account is held _____ My/our bank account number _____ Please start this automatic payment by debiting my/our account. Details are: New Payment Amount Start date Frequency FEUNLIMITED Pay to (name) Pay to (account #) 0 2 0 1 9 2 0 4 1 4 4 2 6 Until further notice or a final payment amount of \$ on Information to appear on Life Unlimited Trust statement (supporter's name) (code) (ref) Information to appear on my statement LUDONATION (reference) (particulars) (code) Conditions: I/we understand and accept that the bank accepts this authority upon the conditions available on inspection from any branch of my bank. Name of personal account: Mr/Mrs/Miss/Ms:______ Or Name of business account: (supporter's signature) (contact phone no.) (date) (supporter's signature) (contact phone no.) (date) BANK USE ONLY Signature verified by: Details Alt/loaded by: Checked to DBR: _____ Form accepted by: (signature)