

**Greenmount and
St Anthony's OSHC
96 Innamincka Road
GREENMOUNT
6056**



Direct Debit Request

NEW/AMENDMENT

(delete one)

Request and Authority to debit the account named below to pay

Greenmount and St Anthony's OSHC

**Request and Authority
to debit**

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

Request and authorise **Greenmount and St Anthony's OSHC User ID 375168** to arrange, through its own financial institution, a debit to your nominated account any amount **Greenmount and St Anthony's OSHC**, has deemed payable by *you*.

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.

**Insert the name and
address of financial
institution at which
account is held**

Financial institution name _____

Address _____

**Insert details of
account to be debited**

Name/s on account _____

BSB number (Must be 6 Digits) |_|_|_|_|_| - |_|_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Frequency of Debits

Agreed amount (). The first debit may be made on ___/___/___ and at
Once off/weekly/fortnightly/monthly/quarterly/half yearly, with the
Final Payment Date (optional)

Acknowledgment

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 **Greenmount and St Anthony's OSHC** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature
and address**

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ___ / ___ / ___

.FAMILY CODE.....