PATIENT NAME:

PATIENT



Direct Debit Request



Request and Authority to debit the account named below to pay Dr Antoniou	
Request and Authority to debit	Surname or company name
	Given names or ACN/ARBN("you")
	request and authorise <i>Dr Antoniou Direct Debit User ID 314011</i> to arrange, through its own financial institution, for any amount <i>Dr Antoniou</i> may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to <i>Dr Antoniou</i> , subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.
Insert the name and	Financial institution name
address of financial institution at which account is held	Address
Insert details of account to be debited	Name of account
	BSB number -
	Account number
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and <i>Dr Antoniou</i> as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	The maximum amount to be debited at any one time is: $ _ _ - _ _ _ \ $ (amount in words)
	□ The first debit may be made in / (Month/Year)
(Circle option)	at bi-monthly / monthly intervals on the 1^{st} / 14^{th} / 30^{th} day of the month
Insert your signature and address	Signature
	Email address (for receipts/statements):
	Date//
Cnr Bourke & Cobra Streets, Dubbo NSW 2830 Phone: (02) 6882 7200 - Fax: (02) 6884 2575	