

PATIENT NAME:

Direct Debit Request



Request and Authority to debit the account named below to pay The trustee for Dubbo Orthodontic Services Trust (314011)	
Request and Authority to debit	Surname or company name
to desir	Given names or ACN/ARBN ("you") request and authorise <i>The trustee for Dubbo Orthodontic Services Trust</i> (314011) to arrange, through its own financial institution, for any amount <i>The trustee for Dubbo Orthodontic Services Trust</i> (314011) may debit or charge
	you to be debited through the Bulk Electronic Clearing System from your account held at the financial institution identified below and paid to <i>The trustee for Dubbo Orthodontic Services Trust</i> (314011), subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.
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 of account
	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>The trustee for Dubbo Orthodontic Services Trust</i> (314011) 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)
(Circle option)	The first debit may be made in/ (Month/Year) at monthly intervals on the 1^{st} / 14^{th} / 30^{th} day of the month
Insert your signature and address	Signature (If signing for a company, sign and print full name and capacity for signing eg. director) Address
	Email address (for receipts/statements):