PATIENT NAME:



<u>Credit Card Debit Request</u>

Mestpac

Request and Authority to debit the credit card below to pay <u>The trustee for Dubbo Orthodontic Services Trust (314011)</u>	
Request and Authority to debit	Surname (or company name)
	Given names (or ACN/ARBN) ("you")
	request and authorise <i>The trustee for Dubbo Orthodontic Services Trust</i> (314011) to debit the credit card identified below, subject to the terms and conditions of the Credit Card Debit Request Service Agreement.
Indicate 🗵 card type	Visa Card Bankcard MasterCard
Insert details of credit	Name of cardholder
card to be debited	Card Nbr
	Expiry Date -
Acknowledgment	By signing this Credit Card 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 (314011)</i> as set out in this Request and in your Credit Card Debit Request Service Agreement.
Payment Details	□ The maximum amount to be debited at any one time is: \$ -
	\square The first debit may be made in/ (Month/Year)
(Circle option)	at monthly intervals on the 1^{st} week / 2^{nd} week / 3^{rd} week / 4^{th} week of the month
Insert your signature	Signature
and address	(If signing for a company, sign and print full name and capacity for signing eg. director) Address
	Email address (for receipts/statements):
	Date//
	Cnr Bourke & Cobra Streets, Dubbo NSW 2830 Phone: (02) 6882 7200 - Fax: (02) 6884 2575