



DUBBO ORTHODONTIC CENTRE

Direct Debit Request



Request and Authority to debit the account named below to pay
The trustee for Western Plains Orthodontics Trust (314011)

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| Request and Authority to debit | Surname or company name _____ Given names or ACN/ARBN _____ (“you”) request and authorise <i>The trustee for Western Plains Orthodontics Trust (314011)</i> to arrange, through its own financial institution, for any amount <i>The trustee for Western Plains Orthodontics Trust (314011)</i> 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 Western Plains Orthodontics Trust (314011)</i> , 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 _____ 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>The trustee for Western Plains Orthodontics Trust (314011)</i> as set out in this Request and in your Direct Debit Request Service Agreement. |
| Payment Details (Circle option) | <input type="checkbox"/> The maximum amount to be debited at any one time is: \$ _ _ _ _ _ - _ _ _ _ _____ (amount in words) <input type="checkbox"/> 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 _____ _____ Date ___ / ___ / ___ |