

Credit Card Debit Request



Request and Authority to debit the credit card below to pay The trustee for Western Plains Orthodontics Trust (314011)	
Request and Authority to debit	Surname (or company name)
to debit	Given names (or ACN/ARBN) ("you")
	request and authorise <i>The trustee for Western Plains Orthodonics 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 Western Plains Orthodonics 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: \$ - (amount in words)
(Circle option)	☐ The first debit may be made in/ (Month/Year) at monthly intervals on the 1 st week / 2 nd week / 3 rd week / 4 th week of the month
	Signatura
Insert your signature and address	Signature (If signing for a company, sign and print full name and capacity for signing eg. director)
	Address
	Date/

Cnr Bourke & Cobra Streets, Dubbo NSW 2830 Phone: (02) 6882 7200 - Fax: (02) 6884 2575