

Direct Debit Request

Company Name Warragul Amateur
Swimming Club Inc
Address: 21 Burke St, Warragul



Contact Details
Email:
treasurer@warragulswimmingclub.com.au
Postal Address:
PO Box 661, Warragul.
3820

Request and Authority to debit the account named below to pay
Warragul Amateur Swimming Club Inc

Request and Authority to debit

Your Surname or company name _____
Your Given names or ABN/ARBN _____
"you"
Request and authorise Warragul Amateur Swimming Club Inc - APCA ID 540011 to arrange, through its own financial institution, a debit to your nominated account any amount Warragul Amateur Swimming Club Inc], has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

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/s on account _____
BSB Number (Must be 6 Digits) |__|__|__|_|-|__|__|__|_|
Account Number |__|__|__|__|__|__|__|__|__|_|

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you have understood and agreed to the terms and conditions governing the debit arrangements between you and Warragul Amateur Swimming Club Inc as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your Signature and address

Signature _____
(if signing for a company, sign and print full name and capacity for signing eg. Director)
Address _____

Date ____ / ____ / ____

Second account signatory (if required)

Signature _____
(if signing for a company, sign and print full name and capacity for signing eg. Director)
Address _____

Date ____ / ____ / ____