

DIRECT DEBIT REQUEST

Form No: BS.AR
Page: 1 of 1
Issue No: 3/10.04.11

I/We _____
(name(s) of account holder(s))

authorise Baptcare, User ID Number 043798, to arrange for funds to be debited from my/our account at the financial institution identified below. This authorisation is to remain in force in accordance with the terms described in the Resident/Client agreement with Baptcare.

Payment Details

The payment(s) is/are for
(ie Aged Care fees, Community Care fees etc.)

Name of Resident/Client

Facility/Program

Details of the Account to be Debited

Name of Bank or Financial Institution

BSB or Branch Number ____ - ____ (must be six digits)

Account Number(maximum nine digits)

Account Name

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Service Agreement received from Baptcare.

Signature(s) of account holder(s).....
(or authorised representative)

Date: / /

Optional - Emailing of Baptcare Accounts

I would prefer my Baptcare invoice/statement to be emailed to the address below:

.....@.....

To cancel email request please send an email to fees@baptcare.org.au