

DIRECT DEBIT REQUEST

Form No: BS.AR
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Issue No: 4/29.05.14

Baptcare Ltd, 1193 Toorak Road, Camberwell, Vic., 3124

Tel: (03) 9831 7222

REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY BAPTCARE

Request and Authority to debit	<p>Your <u>Surname</u> or company name:</p> <p>Your <u>Given Names</u> or ABN/ARBN:</p> <p>Name of Baptcare Resident/Client:</p> <p>Baptcare Program/Facility Name:</p> <p>“You” request and authorise Baptcare (User ID: 043798) to arrange, through its own financial institution, a debit to Your nominated account any amount Baptcare 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.</p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name:</p> <p>Financial institution Address:</p> <p>.....</p>
Insert details of account to be debited	<p>Name(s) on bank account:</p> <p>BSB number (must be 6 digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Account Number (up to 9 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(savings or cheque accounts only)</p>
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 Baptcare as set out in this Request and in your Direct Debit Request Service Agreement.
Insert Your signature and address	<p>Signature:</p> <p>(if signing for a company, sign and print full name and capacity for signing e.g. director)</p> <p>Address:</p> <p>Date: / /20</p>
Second account signatory (if required)	<p>Signature:</p> <p>(if signing for a company, sign and print full name and capacity for signing e.g. director)</p> <p>Address:</p> <p>Date: / /20</p>
Optional electronic delivery of Baptcare Accounts	<p>Optional – Emailing of Baptcare Accounts</p> <p>I would prefer my Baptcare invoice/statement to be emailed to the address below:</p> <p>.....@.....</p> <p>To cancel or update email request please send an email to fees@baptcare.org.au</p>