

## **Direct Debit Request**

## Request and Authority to debit the account named below to pay SILVERDALE CHILD CARE CENTRE

Request and Authority to debit	Your Surname or company name		
to debit	Your Given names or ABN/ARBN		"you"
	request and authorise LOSURDO INDUSTRIES PTY LTD T/as SILVERDA CHILD CARE CENTRE – USER ID 483844 to arrange, through its own financinstitution, a debit to your nominated account any amount SILVERDALE CHICARE CENTRE, 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 Requirement.		
Insert the name and	Einopoiol in	stitution name	
address of financial institution at which			
	Address		
account is held			
Insert details of bank account to be debited	Name/s on account		
	BSB number (Must be 6 Digits)         -		
	Account nu	mber	<u>  </u>
Insert details of <i>credit</i> card to be debited	Name on Credit Card		
	Card number         -           -		
	Expiry:		pack of card)
Acknowledgment	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 SILVERDALE CHILD CARE CENTRE as set out in this Request and in your Direct Debit Request Service Agreement.		
Payment Details	The first debit may be made on//20 and then weekly on Tuesdays.		
	Debits may be made fourteen days after the issue of billing advice.		
Insert your signature and address	Signature		
		(If signing for a company, sign and print full name and capacity for signing eg. director)	
	Address		
	Date	//	