

PO Box 370, Rockhampton QLD 4700
Phone 07 4922 9093



Direct Debit Request

Request and Authority to debit the account named below to pay Capricorn Helicopter Rescue Service Ltd

Request and Authority to debit	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise Capricorn Helicopter Rescue Service Ltd, User Id 486762 to arrange, through its own financial institution, a debit to your nominated account any amount Capricorn Helicopter Rescue Service Ltd, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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>Address _____</p>
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Acknowledgment	<p>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 Capricorn Helicopter Rescue Service Ltd as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Payment Details (OPTIONAL) Please delete sections you do not wish to use and blue text.	<p>The maximum amount to be debited at any one time is:</p> <p>\$ _____ / _____ (amount in words)</p> <p>and/or</p> <p>The first debit may be made on ___/___/20__ at a weekly/ fortnightly/ monthly/ quarterly/ half yearly/ yearly intervals after that;</p> <p>and/or</p> <p>Debits may be made fourteen days after the issue of billing advice.</p>
Insert your signature and address	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>

**Second account
signatory (if required)**

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date

___ / ___ / ___