



CHRISTMAS CLUB

55 WHEELERS LANE
PHONE 6881 8255

DUBBO NSW
FAX 6882 1504

WEBSITE: www.dubbomeatcentre.com.au

EMAIL: vicki@dubbomeatcentre.com.au

Request and Authority to debit the account named below to pay
DMC Meat & Seafood Pty Ltd

Request and Authority to debit

Surname or company name _____

Given names or ACN/ARBN _____ (“you”)

request and authorise **DMC Meat & Seafood Pty Ltd** to arrange, through its own financial institution, for any amount **DMC Meat & Seafood Pty Ltd** may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

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 of account _____

BSB number |_|_|_|_| - |_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and **DMC Meat & Seafood Pty Ltd** as set out in this Request and in your Direct Debit Request Service Agreement.

Optional Section:

[Payment Details]

[The maximum amount to be debited at any one time is:
\$ |_|_|_|_| - |_|_|_| _____ (amount in words)

or

The first debit may be made on ___ / ___ / ___ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that, **on Fridays**

or

Debits may be made fourteen days after the issue of a 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 _____

Phone _____ **Mobile** _____

Date __ / __ / __

NB: A fee will be charged if insufficient funds are not available at withdrawal time.