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| **DUBBO CYMS RLFC Inc PO Box 1373 Dubbo NSW 2830** **Direct Debit Request** |
| **Request and Authority to debit the account named below to pay Dubbo C.Y.M.S R.L.F.C**SINGLE $250 / YEAR COUPLE $300 / YEAR* $250 Annual (1 payment) **□** $300 Annual (1 payment)
* $10 per fortnight (26 payments) **□** $12 per fortnight (26 payments)
* $5 per week (52 payments) **□** $6 per week (52 payments)
 |
| **Request and Authority to debit** | **Your Surname or company name Your Given names or ABN/ARBN** “*you”*Request and authorise **Dubbo CYMS RLFC & User ID 465070** to arrange, through its own financial institution, a debit to your nominated account any amount Dubbo CYMS RLFC, 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. |
| **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/s on account BSB number (Must be 6 Digits)** | | | \_| - | | | |**Account number** | | | | | | | | | | |
| **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 **Dubbo CYMS RLFC** as set out in this Request and in your Direct Debit Request Service Agreement. |
| **Insert your signature and address** | **Signature** (If signing for a company, sign and print full name and capacity for signing eg. director)**Address** **Date** // |
| **Second account signatory (if required)** | **Signature** (If signing for a company sign &print full name and capacity for signing eg. Director)**Address** **Date** // |