



Direct Debit Request

Angelo Anestis Aquatic Centre

98C Preddys Road, Bexley North NSW 2207, Tel. (02) 9150 5288

CUSTOMER DETAILS

Surname: _____ Name: _____

Gender: _____ Date of Birth: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

PAYMENT DETAILS

Payment amount: _____ Payment Frequency: _____

Day of the week/month: _____ First payment date: _____

DIRECT DEBIT FROM BANK ACCOUNT

Financial institution: _____

Account name: _____

BSB number: _____ Account number: _____

I/we authorise you until further notice to debit my/our account with all amounts which Bayside Council, the registered initiator of the above Authorisation Code may be initiated by Direct Debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions set out in this form.

I confirm that I have authority over this bank account and that it can be operated severally: Yes No

CREDIT CARD (VISA, MASTERCARD)

Charge my payments to: _____

Card number: _____ Expiry date: _____

Name on card: _____

By signing this form I/we authorise Bayside Council, contracted by and acting on behalf of the Business to collect payments due by me/us pursuant to the Agreement (defined below), to debit payments from my specified Credit Card above, and I/we acknowledge that Bayside Council will appear as the merchant on my credit card statement. I/We authorise Bayside Council to vary the amount of the payments upon instructions from the Business and where such instructions from the Business are received by Bayside Council, I/We do not require Bayside Council to notify me/us of such variations to the debit amount.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request and the provided DDR Service Agreement which follows, and I/we have read and understood the same.

Signature: _____ Date: _____