**PATIENT NAME:** _____ **PATIENT #** _____

Smile Design
specialist orthodontists
Dr Michael Dineen - Dr Chrys Antoniou

# Direct Debit Request

Westpac

**Request and Authority to debit the account named below to pay**
***Dr Antoniou (314011)***

| | |
|---|---|
| **Request and Authority to debit** | **Surname or company name** _____<br>**Given names or ACN/ARBN** _____ ("you")<br>request and authorise ***Dr Antoniou Direct Debit User ID 314011*** to arrange, through its own financial institution, for any amount ***Dr Antoniou*** 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 ***Dr Antoniou***, 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** _____<br>**Address** _____<br>_____ |
| **Insert details of account to be debited** | **Name of account** _____<br>**BSB number** \|___\|___\|___\| - \|___\|___\|___\|<br>**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 ***Dr Antoniou*** as set out in this Request and in your Direct Debit Request Service Agreement. |
| **Payment Details**<br>(Circle option) | ☐ The maximum amount to be debited at any one time is:<br>$ \|___\|___\|___\| - \|___\|___\| _____<br>(amount in words)<br>☐ The first debit may be made in ___ / ___ (Month/Year)<br>at monthly intervals on the 1st / 14th / 30th day of the month |
| **Insert your signature and address** | **Signature** _____<br>(If signing for a company, sign and print full name and capacity for signing eg. director)<br>**Address** _____<br>_____<br>**Email address (for receipts/statements):**<br>_____<br>**Date** ___ / ___ / ___ |

Level 1, 541-543 Kingsway
Miranda NSW 2228
Ph (02) 9541 8111 Fax (02) 9541 8112

Suite 266, Level 6, 7-11 The Avenue
Hurstville NSW 2220
Ph (02) 9541 8121 Fax (02) 9541 8122

47 Station Street
Engadine NSW 2233
Ph (02) 9541 8131 Fax (02) 9541 8132

www.smiledesignortho.com.au