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
The trustee for Smile Orthodontic Services Trust (314011)

Request and Authority to debit	**Surname or company name** _____ **Given names or ACN/ARBN** _____ ("you") request and authorise ***The trustee for Smile Orthodontic Services Trust (314011)*** to arrange, through its own financial institution, for any amount ***The trustee for Smile Orthodontic Services Trust (314011)*** may debit or charge you to be debited through the Bulk Electronic Clearing System from your account held at the financial institution identified below and paid to ***The trustee for Smile Orthodontic Services Trust (314011)***, 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 ***The trustee for Smile Orthodontic Services Trust (314011)*** as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details **(Circle option)**	☐ The maximum amount to be debited at any one time is: $ |___|___|___| - |___|___| _____ (amount in words) ☐ The first debit may be made in ___ / ___ (Month/Year) at monthly intervals on the 1st / 14th / 30th day of the month
Insert your signature and address	**Signature** _____ (If signing for a company, sign and print full name and capacity for signing eg. director) **Address** _____ _____ **Email address (for receipts/statements):** _____ **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