



Direct Debit Request



Request and Authority to debit the account named below to pay
Smile Design - Dr Le (314011)

Request and Authority to debit	Surname or company name _____ Given names or ACN/ARBN _____ (“you”) request and authorise <i>Smile Design Dr Le Direct Debit User ID 314011</i> to arrange, through its own financial institution, for any amount <i>Smile Design-Dr Le</i> 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 <i>Smile Design-Dr Le</i> , 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 <i>Smile Design-Dr Le</i> as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details (Circle option)	<input type="checkbox"/> The maximum amount to be debited at any one time is: \$ _ _ _ _ _ - _ _ _ _ _ _____ (amount in words) <input type="checkbox"/> The first debit may be made in ___ / ___ (Month/Year) at monthly intervals on the 1 st / 14 th / 30 th 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 ____ / ____ / ____	