



ABN 35 47 605 585

VOLUNTARY OUTREACH CLUB INC

NAB Debit User ID: 497572

Direct Debit Request

CONTACT DETAILS

Honorary Secretary,

17, Pamela Court, DARLEY Vic 3340

Tele: 03 5367 7722 - Email: dcosta@inet.net.au

Office Use ONLY

Direct Debit No _____

**Request and Authority to debit the account named below to pay the:
VOLUNTARY OUTREACH CLUB INC.**

Request and Authority to debit

Your Surname name _____

Your Given names _____

You request and authorise the Voluntary Outreach Club Inc ID 497572 to arrange, through its own financial institution, a debit to your nominated account.

You have chosen to Pay monthly: \$5 \$10 \$20 OR

\$ Your choice

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 (Bank) _____

Branch Address _____

Insert details of account to be debited

Cheque or Savings

(Cross out inapplicable account)

Name/s on account _____

BSB number (Must be 6 Digits) |_|_|_|_|_| - |_|_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Credit card Direct Debit Request

(insert ✓ in appropriate box to denote choice of Visa or Mastercard)

Credit Card Type Visa Mastercard

Credit Card No: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

CRN _____ (Last 3 digits on back of Credit Card) Expiry Date _____

Name on Credit Card: _____

Account Holder Signature _____

Acknowledgment

By signing this 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 **the Voluntary Outreach Club Inc.** as set out in this Request and in the Direct Debit Request Service Agreement.

Payment Details

The maximum amount to be debited at any one time is:

\$ _____ / _____ (amount in words)

Debits may be made 14 days after signed receipt of this Direct Debit Request

Insert your signature and address

Signature _____

Address _____

Date _____