

DIRECT DEBIT REQUEST

BIRKS CHEMISTS - BLAIR ATHOL
392 Main North Road
BLAIR ATHOL SA 5084
Ph: 08 83490606
FAX : 08 74240489
Email : accounts@birkschemist.com.au



Request and Authority to debit the account named below to pay Birks Chemists - Blair Athol

Request and Authority to debit

Resident Surname _____

Resident Given names _____ "You"

request and authorise **Birks Chemists - Blair Athol, USER ID: 490176** to arrange, through its own financial institution, a debit to Your nominated account any amount **Birks Chemists - Blair Athol**, has deemed payable by You.

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 _____

Address _____

Insert details of account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ____ - ____

Account number _____

Acknowledgment

By signing and/or providing us with a 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 **Birks Chemists - Blair Athol** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____
(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ____ / ____ / ____

Email Address if you would like the statement to be sent via email

Name of Facility resident resides in
