

Direct Debit Request (DDR)



PO Box 200
Corryong Vic 3707
Tel (02) 60763200
Fax (02) 60761739
Email: accounts@corryonghealth.org.au
ABN: 46 293 595 391

I/We request Corryong Health ABN 46 293 595 391, to debit funds from my/our nominated account at the financial institution shown below according to the details specified below.

YOUR DETAILS

Names(s)	
Address	
Contact Number	

Corryong Health Account Reference	
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DETAILS OF YOUR BANK ACCOUNT

Note: Direct Debiting is not available from credit cards

Name of Bank Account	
Name and Branch of Financial Institution where account is held	
BSB No (6 numbers)	
Account Number	

DETAILS OF THE AMOUNT TO BE DEBITED

Commencing (immediately or on __-__-__) delete one
And expiring (until further notice or on __-__-__) delete one

You are authorised to debit (statement monthly balance or Monthly _____ fee) delete one from the above account each month.

YOUR AUTHORISATION

Signature(s)	
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If debiting from a joint bank account, all signatures may be required

Date __-__-__