Hamilton
Indoor Leisure &
Aquatic Centre

Direct Debit Request Form

Request and Authority to debit

Membership No

Surname

Given Name

Request and authorise Southern Grampians Shire Council to arrange for amounts to be debited or charge you through the direct debit subject to the terms and conditions fo the Direct Request Service Agreement

Insert the name and address of financial instituation where account is held

Name of Financial Institution

Address of Financial Institution

Insert details of account to be debited

BSB ___ - ___

Account Number

or

Card Details

Type Visa Bankcard American Express MasterCard

Card No

Expiry date ___ / ___

Frequency of debit

Your account will be debited on the 5th day of each month commencing

___ / ___ / ___

Acknowledgement

I acknowledge that this Direct Debit arrangement is governed by the terms of the Client Service Agreement received from you

Signature

Date Signed

Preferred Contact Details

☐ Postal address

☐ Email Address