

# DIRECT DEBIT REQUEST

**COMPANY NAME: SHIRE OF DUNDAS**  
**ADDRESS: 88 – 92 PRINSEP STREET, NORSEMAN WA 6443**  
**CONTACT DETAILS: 08 9039 1205**



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## Request and Authority to debit the account named below to pay SHIRE OF DUNDAS

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### Request and Authority to debit

Your Surname or company name \_\_\_\_\_

Your Given names or ABN /ARBN \_\_\_\_\_ "You"

request and authorise **SHIRE OF DUNDAS – DEBIT USER ID: 501677** to arrange, through its own financial institution, a debit to Your nominated account any amount **SHIRE OF DUNDAS**, 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.

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### Insert the name and address of financial institution at which account is held

Financial institution name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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### Insert details of account to be Debited

Name/s on account \_\_\_\_\_

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

Account number \_\_\_\_\_

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### 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 **SHIRE OF DUNDAS** as set out in this Request and in Your Direct Debit Request Service Agreement

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### Insert Your signature and address

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### Second account signatory

(if required)

Signature \_\_\_\_\_

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

Address \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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