



**CENTRAL COAST SCHOOL OF YOGA PETER MUHOLLAND
(314011)**

Direct Debit Request (DDR)

You may contact us as follows:-

Phone: 0414382585
Email: centralcoastschoolofyoga@gmail.com
Mail: 19 norahview st
bateau bay, NSW, Australia 2261

All communication addressed to us should include your Customer Number.

PART A - Your Details

Customer Number:	<input type="text"/>		
Customer Name:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
State:	<input type="text"/>	Postcode:	<input type="text"/>

PART B - Schedule

Date of First Payment:	<input type="text"/>	<input type="text"/>	<input type="text"/>	e.g. 20 Nov 2015
Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly		
	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Six-Monthly		
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly		
Number of Payments:	<input type="checkbox"/> Continue until further notice			
	OR			
	<input type="checkbox"/> Stop after	<input type="text"/>	Payments	

PART C - Payment Amounts

First Amount:	<input type="text"/>	Leave blank if same as regular amount
Regular Amount:	<input type="text"/>	Payment Amount for each debit
Final Amount:	<input type="text"/>	Leave blank if same as regular amount

PART D - Cheque/Savings Account

✓ I/We request and authorise CENTRAL COAST SCHOOL OF YOGA PETER MUHOLLAND (314011) to arrange, through its own financial institution, a debit to your nominated account any amount CENTRAL COAST SCHOOL OF YOGA PETER MUHOLLAND (314011), 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.

Financial Institution:

Branch:

Account Name:

BSB No.

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Account Number:

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I/We request and authorise Acknowledgement. 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 CENTRAL COAST SCHOOL OF YOGA PETER MUHOLLAND as set out in this Request and in your Direct Debit Request Service Agreement.

Signature:

Date:

Signature:

Date:

If debiting from a joint bank account, both signatures are required.

Completed Application

Return your completed application by mail to:-

Mail:

19 norahview st
bateau bay, NSW, Australia

2261