



## DIRECT DEBIT REQUEST FORM

1. Resident's Authority.

I / We \_\_\_\_\_ (Resident (s)' Name)

Authorise the **Orana Gardens Ltd.** to arrange for funds to be debited from my / our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS)

This authorisation is to remain in force in accordance with the terms described in the **Orana Gardens Ltd. Direct Debit Request Service Agreement.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Please note: where your nominated account requires two (2) authorising signatures to complete a transaction – both signatories must sign this agreement.**

**Continued on Page 2**

2. Details of the Account to be Debited.

**All details must be supplied. PLEASE PRINT THIS INFORMATION**

Name of Financial Institution: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB number: \_\_\_\_\_

Account Number: \_\_\_\_\_

3. Authorisation to verify details.

**I / We** \_\_\_\_\_ (Resident (s)' Name)

1. Authorise the **Orana Gardens Ltd.** to verify the details of the abovementioned account with my / our Financial Institution.
2. Authorise the Financial Institution to release information allowing the **Orana Gardens Ltd.** to verify the abovementioned account details.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_