Nature Care College

Nature Care College Pty. Ltd. ABN 77 105 282 264
46 Nicholson Street, St. Leonards. NSW 2065
Tel: +61(0)2 9438 3333 Fax: +61(0)2 9436 0503
email: info@naturecare.com.au
website: www.naturecare.com.au

Direct Debit Request

Request and Authority to debit the account named below to pay

Nature Care College Pty Ltd

Request and Authority to debit	**Your Surname or company name**_____ **Your Given names or ABN/ARBN** _____*"you"* request and authorise **Nature Care College Pty Ltd (Debit User Id:330932)** to arrange, through its own financial institution, a debit to your nominated account any amount **Nature Care College Pty Ltd,** 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.
Insert the name and address of financial institution at which account is held	**Financial institution name** _____ **Address** _____ _____
Insert details of account to be debited	**Name/s on account** _____ **BSB number (Must be 6 Digits)** |___|___|___| - |___|___|___| **Account number** |___|___|___|___|___|___|___|___|___|
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 **Nature Care College Pty Ltd** as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	☐ [The maximum amount to be debited at any one time is: $ |___|___|___| - |___|___| _____ (amount in words) **or** The first debit may be made on ___ / ___ / ___ and at weekly / fortnightly Interval/s, for the total duration of 12 / 6 payments
Insert your signature and address	**Signature** _____ (If signing for a company, sign and print full name and capacity for signing eg. director) **Address** _____ _____ **Date** ___ / ___ / ___