



Gold Coast Buddhist Association Inc

79 Castle Hill Dr,
Gaven, Qld 4211
07 3808 5083
goldcoastbuddhist@gmail.com
www.gcabc.org.au

Direct Debit Request

**Request and Authority to debit the account named below to pay
Gold Coast Buddhist Association Inc**

**Request and Authority
to debit**

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **Gold Coast Buddhist Association Inc** to arrange, through its own financial institution, a debit to your nominated account any amount to pay for **Gold Coast Buddhist Association Inc**.

This debit or charge will be arranged by **Gold Coast Buddhist Association Inc** 's finance institution made through the Bulk Electronic Clearing System (BECS) from *your* nominated 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.

**Your account to be
debit**

Financial institution name _____

Name/s on account _____

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

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Confirmation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirmed that:

You are authorised to operate the nominated account; and

You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

Your Signature

Signed in accordance with the account authority on your account

Signature _____

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

Name _____

Address _____

Email _____

Phone _____ Date ____ / ____ / ____

**Second account
signatory (if required)**

Signed in accordance with the account authority on your account

Signature _____

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

Name _____

Address _____

Email _____

Phone _____ Date ____ / ____ / ____