

Date

## **Direct Debit Request**

## Request and Authority to debit the account named below to pay Grampians Tourism Board Inc. ABN: 98871224218

Direct Debit Request and Authorisation		
Last Name or Company Name	First Name or ABN	'you'
Request and authorise <b>Grampians Tourism Board Inc</b>	c., User – 531422 to arrange, through its	own financial institution,
a debit to your nominated account any amount <b>Gram</b>	npians Tourism has deemed payable by	you.
This debit or charge will be made through the Bulk El		
inancial institution you have nominated below and v Request Service Agreement.	will be subject to the terms and condition	is of the Direct Debit
,		
Nominated Account Details		
Name of Financial Institution		
Address of Financial Institution		
Address of Financial Institution		
Name of Account to be debited		
BSB	Account Number	
Payment Details		
Payment Details		
The first and subsequent payments will be deducted	on or around (next working day ) the 15	<sup>th</sup> of the month
The first and subsequent payments will be deducted	on or around (next working day ) the 13	of the month.
Acknowledgement		
By signing and/or providing us with a valid instruction	n in respect to your Direct Debit Peguest	vou have understood and
agreed to the terms and conditions governing the de	·	• •
this Request and in your Direct Debit Request Service	e Agreement.	
Account Signatures		
Signature	Signature	
Name of signatory	Name of signatory	
1 1	/ /	