

	YMCA Of Perth Inc PO Box 2155 Carlisle WA 6101 P: (08) 9473 8400 F: 08 9472 7522 training@ymcawa.org.au	<h2>Direct Debit Request</h2>			
Request and Authority to debit the account named below to pay YMCA Of Perth Inc ABN: 37 276 356 812					
Request and Authority to debit	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>request and authorise The Young Men's Christian Association of Perth (User ID 471273) to arrange, through its own financial institution, a debit to your nominated account any amount The Young Men's Christian Association of Perth, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>				
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>				
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits)</p> <p>Account number</p>				
Payment Details	<p>Total Amount Due \$ _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Weekly</td> <td style="width: 33%; text-align: center;">Fortnightly</td> <td style="width: 33%; text-align: center;">Monthly</td> </tr> </table>		Weekly	Fortnightly	Monthly
Weekly	Fortnightly	Monthly			
Acknowledgment	<p>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 The Young Men's Christian Association of Perth as set out in this Request and in your Direct Debit Request Service Agreement.</p>				
Insert your signature and address	<p>Signature _____</p> <p style="text-align: center;">(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>				
Second account signatory (if required)	<p>Signature _____</p> <p style="text-align: center;">(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>				