

Direct Debit Authority - Change of Details



- EVERTON HILLS** - 97 Flockton Street Everton Hills - PH. 3353 6799
 - SPRINGWOOD** - Shop 13/1 - 11 Lexington Road Underwood - PH. 3841 1555
 - MT GRAVATT EAST** - 35 Wecker Rd Mt Gravatt East - PH. 3343 2111
- ABN: 47 277 156 299

Customer Details

Family ID:

First Name: _____ Surname: _____
 Address: _____
 Suburb: _____ Postcode: _____ Home Phone: _____
 Mobile: _____ Work: _____ Email: _____ @ _____

The Schedule

Account Name: _____ Financial Institution: _____
 Address of Financial Institution: _____
 BSB Number Account Number

Payment Plan - Add a sibling or second lesson - only change information where necessary

Additional siblings name:

1. _____ \$.
 2. _____ \$.
 3. _____ \$.
 4. _____ \$.

This is what I agree to pay:

Membership Fee: \$.
 Monthly Fee: \$.
 Total: \$.
 From: / / (first payment date)

I/We _____ Authorise and request
 (Surname) (First Name)

Sam Riley Swim Schools to debit my/our account via the Bulk Electronic Clearing System from time to time in accordance with the instruction detailed above and or on the terms set out on the DDR Service Agreement. I/We have read and understand the terms and conditions, on this page and the reverse, contained in the DDR Service Agreement.

Signature of Customer: _____ Signature date: / /

Joint account holder: _____ Signature date: / /

Witness signature (staff): _____ Signature date: / /

Bookings confirmed: Customer details: Membership Fee: Family ID added:
 Direct Debit - Bookings - DD yes Fees adj. Family - DD yes BSB & Acc# entered:
 Confirmation letter sent: Y ___/___/___ - Completed by: ___/___/___ Checked by: ___/___/___