**WAT THAI BUDDHARAM INC.**
**1-11 Paradise Road**
**Forestdale Qld 4118**
**Phone: (07) 3806 8900**
**Email: info@watthaibrisbane.com.au**

# DIRECT DEBIT REQUEST AUTHORITY

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|---|---|
| **Request and Authority to debit** | **Your Given Name/s & Surname or Company Name & ABN/ARBN**<br>_____ *"you"*<br><br>request and authorise **WAT THAI BUDDHARAM INC.** to arrange, through its own financial institution, a debit to your nominated account any amount **WAT THAI BUDDHARAM INC.** has deemed payable by *you.*<br>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**<br>_____<br>**Address**<br>_____ |
| **Insert details of account to be debited** | **Name/s on account**_____<br>**BSB number (6 Digits)** \|___\|___\|___\| - \|___\|___\|___\|<br>**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 **WAT THAI BUDDHARAM INC**.as set out in this Request and in your Direct Debit Request Service Agreement. |
| **Insert your signature and address** | **Signature** _____<br>(If signing for a company, sign and print full name and capacity for signing eg. director)<br>**Address** _____<br>_____<br>**Date** ___ / ___ / ___ |
| **Second account signatory (if required)** | **Signature** _____<br>(If signing for a company, sign and print full name and capacity for signing eg. director)<br>**Address**_____<br>_____<br>**Date** ___ / ___ / ___ |