



Adelaide Health Service  
 Royal Adelaide Hospital  
 North Terrace, Adelaide SA 5000

## Direct Debit Request

**Request and Authority to debit the account named below to pay**  
 Adelaide Health Service

<b>Request and Authority to debit</b>	<p><b>Your Surname or company name</b> _____</p> <p><b>Your Given names or ABN/ARBN</b> _____ "you"</p> <p>request and authorise Adelaide Health Service 421826 ABN 18348214208 to arrange, through its own financial institution, a debit to your nominated account any amount Adelaide Health Service 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>
<b>Insert the name and address of financial institution at which account is held</b>	<p><b>Financial institution name</b> _____</p> <p><b>Address</b> _____</p> <p>_____</p>
<b>Insert details of account to be debited</b>	<p><b>Name/s on account</b> _____</p> <p><b>BSB number (Must be 6 Digits)</b>  __ _ _ _ _  -  __ _ _ _ _ </p> <p><b>Account number</b>  __ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
<b>Acknowledgment</b>	<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 Adelaide Health Service as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<b>Insert your signature and address</b>	<p><b>Signature</b> _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p><b>Address</b> _____</p> <p>_____</p> <p><b>Date</b>      ___ / ___ / ___</p>
<b>Second account signatory (if required)</b>	<p><b>Signature</b> _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p><b>Address</b> _____</p> <p>_____</p> <p><b>Date</b>      ___ / ___ / ___</p>