

Direct Debit Request Form

PERSONAL INFORMATION (Please use CAPITAL letters and print clearly.)

Title Surname First Name

Contact Phone (Mobile) (Work)

Please tick

- ☐ I have completed my ACCYPN Membership Renewal/Application Online
- ☐ My ACCYPN Membership Renewal/Application Form is attached with this Direct Debit Request Form

DIRECT DEBIT PAYMENT INTERVAL OPTIONS

This will occur on the 11th day of the month or the nearest business day following the 11th of the month

- ☐ Quarterly (June / September / December / March)
- ☐ Half-Yearly (June / December)
- ☐ Yearly (June)
- ☐ *Retrieval of Dishonour Fee (currently set by ACCYPN Financial Institution at \$2.50 - subject to change)
- *Compulsory

REQUEST AND AUTHORITY TO DEBIT

- a) Request and Authority to debit the account named below to pay Australian College of Children and Young People's Nurses
- b) Direct debit will continue as first instructed by the member unless the membership subscription renewal form is completed with new instructions or the member resigns in writing

Surname or Company Name

Given names or CAN/ARBN

Request to authorise Australian College of Children and Young People's Nurses (user ID number 314011) to arrange for any amount Australian College of Children and Young People's Nurses may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below. Subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

Name of Account

BSB Number — Account Number

ACKNOWLEDGEMENT

By signing the Direct Debit Request, you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Australian College of Young People's Nurses as set out in this request and in your direct debit request service agreement.

Signature

(If signing for a company, sign and print full name and capacity for signing eg, director)

Address

Date / /