

## Direct Debit Request and Authorisation

Request and Authority to debit the account named below to pay: **The Onemda Association Inc (Onemda)**

**Request and Authority to Direct Debit**

Your Full Name / Company Name

ABN

Request and authorise **The Onemda Association, Inc** to arrange through its own financial institution, a debit to my nominated account for amounts owing.

*(Please ensure that there are sufficient clear funds available in your account to allow a payment to be made in accordance with the Direct Debit Request)*

**Insert the name and address of your financial institution where account is held**

Financial Institution Name

Address

**Insert details of account to be debited**

Name/s on Account

BSB Number (Must be 6 digits)  |  |  |  |  |

Account Number:  |  |  |  |  |  |  |  |  |

**Acknowledgement**

By signing a *Direct Debit Request* you have authorised Onemda to arrange for funds to be debited from *your nominated account*.

**Costs to Direct Debit (please tick)**

Session Fees  Activity Fees  Other

**Insert your signature and address**

Signature  Date  /  /

*(if signing for a company, please sign and print full name and capacity for signing eg. Director)*

Address

**Second account signatory (if required)**

Signature  Date  /  /

*(if signing for a company, please sign and print full name and capacity for signing eg. Director)*

Address

**Changes to above details**

Changes to above information provided by you must be in writing. Please contact the Finance Manager, 123 Andersons Creek Road Doncaster East, VIC, 3109. Telephone: 03 9842 1955. Email: [accounts@onemda.com.au](mailto:accounts@onemda.com.au)