

## Direct Debit Request and Authorisation

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

<p><b>Request and Authority to Direct Debit</b></p>	<p>Your Full Name/Company Name _____          ABN _____</p> <p>Request and authorise <b>The Onemda Association, Inc</b> to arrange through its own financial institution, a debit to my nominated account for amounts owing.</p> <p><i>(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)</i></p>
<p><b>Insert the name and address of your financial institution where account is held</b></p>	<p>Financial Institution Name _____          Address _____          _____</p>
<p><b>Insert details of account to be debited</b></p>	<p>Name(s) on account _____          BSB Number (Must be 6 Digits)  __ __ __ _ - __ __ __ _           Account Number  __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ </p>
<p><b>Acknowledgement</b></p>	<p>By signing a <i>Direct Debit Request</i> you have authorised Onemda to arrange for funds to be debited from <i>your nominated account</i>.</p>
<p><b>Insert your signature and address</b></p>	<p>Signature _____  <i>(if signing for a company, sign and print full name and capacity for signing eg. Director)</i></p> <p>Address _____          _____</p> <p>Date ___ / ___ / _____</p>
<p><b>Second account signatory (if required)</b></p>	<p>Signature _____  <i>(if the account is a joint account the second signatory must also sign)</i></p> <p>Address _____          _____</p> <p>Date ___ / ___ / _____</p>
<p><b>Changes to above details</b></p>	<p>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: <a href="mailto:accounts@onemda.com.au">accounts@onemda.com.au</a></p>