

Direct Debit Request

Professional Practice Management Program
ABN 47 283 665 875



Request and Authority to debit the account named below to pay PPMP

Request and Authority to debit

Surname or Company Name _____

Given Names or ACN/ARBN _____ (“you”)

Request and authorise PPMP [268949] to arrange, through its own financial institution, for any amount PPMP may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement.

Name/Address of Financial Institution

Financial institution name _____

Address _____

Account Details

Name of account _____

BSB number |__|__|__| - |__|__|__|

Account number |__|__|__|__|__|__|__|__|__|

Acknowledgment

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and PPMP as set out in this Request and in your Direct Debit Request Service Agreement.

Signature & Practice Address

Signature _____

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

Address _____

Date ____ / ____ / ____