

RP Number

Student Number



Kirby Swim Mandurah Pty Ltd
PO Box 3402
Mandurah WA 6210
ABN: 22117 915 689
Ph: (08) 9535 8688
Email: mandurah@kirbyswim.com.au

Direct Debit Authority Form

FAMILY NAME: \_\_\_\_\_ Debit Commencement Date: \_\_\_\_\_
Direct Debit Via: [ ] Cheque/Savings Account [ ] Credit Card

Direct Debit Payment Options:

Authorisation to charge the Credit Card listed below to pay Kirby Swim Mandurah Pty Ltd
[ ] Visa [ ] MasterCard
I, \_\_\_\_\_ (name on card)
authorise Kirby Swim Mandurah Pty Ltd to charge the below authorised Credit Card for the amount of \$ \_\_\_\_\_ per direct debit.
Card Number: \_\_\_\_\_ Expiry: \_\_ / \_\_
Card Holders Signature: \_\_\_\_\_

OR

Authorisation for the Cheque or Savings Account listed below to pay Kirby Swim Mandurah Pty Ltd via Direct Debit.
I request and authorise Kirby Swim Mandurah Pty Ltd to debit or charge any amount through the bulk electronic clearing system from the account held at the below authorised financial institution, subject to the terms and conditions.
Financial Institution Information
Name of Financial Institution: \_\_\_\_\_
Suburb Account Opened: \_\_\_\_\_
Direct Debit Information:
Name of Account Holder: \_\_\_\_\_
Amount to be Debited: \$ \_\_\_\_\_ per direct debit.
BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_
By signing this Direct Debit Authority Form, I acknowledge that I understand the terms and conditions governing the direct debit arrangements between myself and Kirby Swim Mandurah Pty Ltd as explained in the Client Service Agreement.
Account Holder Signature: \_\_\_\_\_
Account Holder Address: \_\_\_\_\_
Date: \_\_ / \_\_ / \_\_