



Direct Debit Request

Prince of Wales Hospital Foundation
Locked Bag 9003, MAROUBRA NSW 2035
Phone: (02) 9382 4263
Website: www.powhf.org.au
ABN: 21 109 372 545 CFN: 18552

Request and Authority to debit the account named below to pay Prince of Wales Hospital Foundation

**Request and
Authority to debit**

Your Surname or company name _____

Your Given names or ABN/ARBN _____ *“you”*

request and authorise **Prince of Wales Hospital Foundation** to arrange, through its own financial institution, a debit to your nominated account any amount **Prince of Wales Hospital Foundation**, has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert the name and
address of financial
institution at which
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 |__|__|__|__|__|__|__|__|__|

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Prince of Wales Hospital Foundation** as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature
and address**

Signature _____

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

Address _____

Date ___ / ___ / ___

**Second account
signatory (if
required)**

Signature _____

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

Address _____

Date ___ / ___ / ___