

Resident's Authority Name of Resident(s)/Legal Guardian giving the DDR

I/We: _____

Authorise: Name of Debit User **HOLY FAMILY SERVICES** APCA User ID Number **360787**

To arrange funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force until such time as either party cancels the authorisation, or termination of occupancy is made in accordance to the Occupancy Agreement/Residence and Service Contract.

Signature: _____ **Date:** _____

Details of the Account to be Debited (all details must be supplied)

Name of Financial Institution: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Payment Details: The payment is for Maintenance Fees as per the Occupancy Agreement/Residence and Service Contract

Frequency of Debit: MONTHLY (at the beginning of the month)

I/We authorise the following:

1. The Debit User to verify the details of the abovementioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

Signed by the Resident(s) _____

OR

ELECTRONIC FUNDS TRANSFER

PAY:	Holy Family Services
BSB:	032-071
ACCOUNT:	32-3222
REFERENCE CODE:	Please use your full name or Villa number