

AQUANITA MANAGEMENT SERVICES PTY LTD

ABN : 37 100 568 769
 P O Box 199
 Glenhuntly Vic 3163
 Phone : 03 9573 3700
 Fax : 03 9573 3799
 Email : info@aquanita.com.au
 Web : www.aquanita.com.au



DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay *Aquanita Management Services Pty Ltd*.

Request and Authority to debit.	Surname or companyname: _____ Given names or ACN/ARBN: _____ ("you") Request and authorise <i>Aquanita Management Services</i> Debit ID 260292 to arrange, through its financial institution, for any amount <i>Aquanita Management Services Pty Ltd</i> 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 DirectDebit Request Services Agreement [and any further instructions provided below].
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DIRECT DEBIT FROM BANK ACCOUNT, BUILDING SOCIETY OR CREDIT UNION

Insert the name and address of the financial institution at which account is held	Financial institution name: _____ Address: _____ _____
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Insert details of account to be debited	Name of Account: _____ BSB: _____ - _____ Account Number: _____
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Payment Details	Debits to be made within fourteen days of the issue of monthly billing advice.
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Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and <i>Aquanita Management Services Pty Ltd</i> as set out in this Request and in your Direct Debit Request Service Agreement.
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Insert your signature and address	Signature _____ (if signing for a company, sign and print full name and capacity for signing eg director) Address: _____ Date: ___ / ___ / ___
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CREDIT CARD PAYMENTS

Request and Authority to debit the Credit Card named below to pay: *Aquanita Management Services Pty Ltd*

Request and Authority to debit at which account is held	Surname or companyname: _____ Given names or ACN/ARBN: _____ ("you") Request and authorise <i>Aquanita Management Services</i> to debit my nominated credit card fees and charges associated with the training of my horse as shown on my monthly account.
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Insert details of CREDIT CARD to be debited	Name of Card: _____ Card Number: _____ Expiry Date: _____ Visa MasterCard Bankcard Signature _____
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