



Direct Debit Request

Heffron Consulting Pty Ltd
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AFS Licence No: 241739

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Office Use Only

Date Processed:
Details Checked By:

Request and Authority to debit the account named below to pay Heffron Consulting Pty Limited

Request and Authority to debit	<p>Your Superannuation Fund name _____</p> <p>Your ABN _____ <i>you</i>"</p> <p>request and authorise Heffron Consulting Pty Limited [Debit User Identification 333178] to arrange, through its own financial institution, a debit to your nominated account any amount Heffron Consulting Pty Limited, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____</p> <p>_____</p>
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
Acknowledgment	<p>By <i>signing and/or</i> providing us with a <i>valid instruction</i> in respect to <i>your</i> Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Heffron Consulting Pty Limited as set out in this Request and in your Direct Debit Request Service Agreement.</p>
Payment Details	<p>Debits may be made 14 days after the issue of a Tax invoice.</p>
Insert your signature and address (Please note that if you require two or more signatures to make withdrawals from this account, then all signatures are required here)	<p>Signature of Trustee _____ (If signing for a company, sign, print full name and capacity for signing eg. director)</p> <p>Address _____</p> <p>_____</p> <p>Date ___ / ___ / ___</p>