



Direct Debit Request

Heffron Consulting Pty Ltd
ABN: 88 084 734 261
AFS Licence No: 241739

PO Box 20
North Maitland NSW 2320
Phone: (02) 4930 2100
Fax: (02) 4930 2199

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

Your Superannuation Fund name _____

Your Fund ABN/SFN _____ you”

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 *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 Heffron Consulting Pty Limited as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details

Debits may be made 14 days after the issue of a Tax invoice.

Insert your signature and address

Signature of Trustee _____

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

Address _____

Date ___ / ___ / ___

