



Direct Debit Request (DDR) Form – Fortnightly

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

Name of the Financial Institution _____

Account Name _____

BSB Number ____ - ____

Account Number _____

Customers' Authority

I/We _____

Print name of customer(s) requesting the direct debit

Authorise you:

Australian Nursing & Midwifery Federation ACT Branch

066071

Name of Debit User

APCA User ID

- To arrange for funds to be debited from my/our account at the financial institution identified above and as prescribed through the Bulk Electronic Clearing System (BECS).
- To verify the details of the abovementioned account with my/our Financial Institution.
- To release information allowing the verification of the abovementioned account details.

This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Signature (1) _____ Date ____/____/____

Signature (2) _____ Date ____/____/____