



**Request and Authority to debit the account named below to pay  
The Pharmacy Guild of Australia – Northern Territory Branch  
ABN: 29970924913**

### Direct Debit Request and Authorisation

Last Name or Company Name

First Name or ABN

'you'

Request and authorise The Pharmacy Guild of Australia – Northern Territory Branch DE User ID 523957 to arrange, through its own financial institution, a debit to your nominated account any amount The Pharmacy Guild of Australia – Northern Territory Branch 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.

### Nominated Account Details

Name of Financial Institution

Address of Financial Institution

Name of Account to be debited

 - 

BSB

Account Number

### Payment Details (optional, delete if not required)

The first debit may be made on  /  /  and at the following intervals after that:

Monthly

Quarterly

Annually

### Acknowledgement

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 The Pharmacy Guild of Australia – Northern Territory Branch as set out in this Request and in your Direct Debit Request Service Agreement.

### Account Signatures

Signature

Name of signatory

Date

Signature

Name of signatory

Date