AFFIRM
THE AUSTRALIAN FOUNDATION FOR MENTAL HEALTH RESEARCH

Direct Debit Request

Request and Authority to debit the account named below to pay
AFFIRM: The Australian Foundation for Mental Health Research
The Australian National University

Request and Authority to debit	**Surname or company name** _____ **Given names or ACN/ARBN** _____("you") request and authorise *The Australian National University* (User ID 101584) to arrange for any amount *The Australian National University* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
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 of account** _____ **BSB number** |___|___|___| - |___|___|___| **Account number** |___|___|___|___|___|___|___|___|___|
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and *The Australian National University* as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	☐ [The maximum amount to be debited at any one time is: $ |___|___|___| - |___|___| _____ (amount in words) **or** ☐ The first debit may be made on ___ / ___ / ___ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that **or** ☐ Debits may be made fourteen days after the issue of a billing advice]
Insert your signature and address	**Signature** _____ (If signing for a company, sign and print full name and capacity for signing eg. director) **Address** _____ _____ **Date** ___ / ___ / ___