

Please return completed form to the Birregurra Community Health Centre Coordinator

<p>Health Centre</p> <p>Birregurra Community 28-30 Strachan Street BIRREGURRA VIC 3242</p>	<p align="center">Direct Debit Request – Payment of Membership Fees Birregurra Gym</p>
<p align="center">Request and Authority to debit the account named below to pay Colac Area Health- Birregurra Gym Membership</p>	
<p>Member Request and Authority to debit</p>	<p>Your Surname _____</p> <p>Your Given names _____</p> <p>Request and authorise Colac Area Health (User ID 345 988) to arrange, through its own financial institution, a debit to your nominated account. This debit or charge will be made from <i>your</i> account held at the financial institution you have nominated and is subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Insert your bank details</p>	<p>Financial Institution Name _____</p> <p>Branch _____</p> <p>Name/s on account _____</p> <p>BSB Number (Must be 6 Digits) _ _ _ _ - _ _ _ _ </p> <p>Account Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ </p>
<p>Debit Arrangement</p>	<p>Annual Debit Debit this amount \$ _____ (\$300 Full / \$240 Concession)</p> <p>Monthly Debits Debit this amount \$ _____ (\$25 Full / \$20 Concession)</p> <p>Assessment Debit this amount \$ _____ (One off \$35 Assessment Fee)</p>
<p>Acknowledgement</p>	<p>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 Colac Area Health as set out in this Request and in your Direct Debit Request Service Agreement.</p>
<p>Insert your Signature and address</p>	<p>Signature _____</p> <p>(if signing for a company, sign and print full name and capacity for signing eg. Director)</p> <p>Address _____</p> <p>Date ___ / ___ / ___</p>

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Access Card or Fob \$50 charge for lost property	<p>Your Surname _____</p> <p>Your Given names _____</p> <p>Authorise Colac Area Health (User ID 345 988) to arrange, through its own financial institution, a debit to your nominated account of \$50 in the case of lost property. This debit or charge will be made from <i>your</i> account held at the financial institution you have nominated and is subject to the terms and conditions of the Direct Debit Request Service Agreement.</p> <p>Signature _____ Date ____ / ____ / ____</p>
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