

# Direct debit authorisation form

If you need help completing this form, just call us on

**1800 632 314**



## Thank you for choosing Southern Cross Care

To authorise your Southern Cross Care account to be paid by direct debit from your bank account, please complete this authorisation form and email or post it to us.

**E: admissions@sccliving.org.au**

**P: PO Box 1008, Epping NSW 1710**

Please note that direct debiting is not available for all types of bank accounts. If in doubt, please check with your bank.

### 1 Your name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

### 2 Your telephone number

### 3 Your email address

### 4 Your mailing address

(Where you'd like us to send your statements)

Street number

Street name

Suburb

State

Postcode

### 5 Your banking details

Bank name

Branch address

Bank account name

Bank account number

BSB number

I/We authorise Southern Cross Care (NSW & ACT), until further notice in writing, to debit my/our bank account any amounts (including those in respect of fees and charges) which, in accordance with my/our agreement, Southern Cross Care (NSW & ACT) (User ID 064196 ) may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. The Financial Institution may, at its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this authorisation or any authority or mandate.
2. The Financial Institution may, at its absolute discretion, at any time by notice in writing to me/us, terminate this authorisation as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount or frequency of future debits.

Signed

Date

(If joint account, both signatures may be required)

Signed

Date

**OFFICE USE ONLY**

**Customer Code**

**Facility Code**

**Unit/Room** (if applicable)

**Current fee per fortnight**

**Commencement Date**

**Notes**
