



Direct Debit Payment Option Form

Customer Details

Account number: _____
 Account name: _____
 Address: _____
 Contact details: _____

I/We (Customers Name) _____ **authorise and requests you** (Name of Debit User)
 (PLEASE PRINT)

Bankstown Airport Limited to arrange for funds to be debited from:

Full amount of the invoice when due

Credit Card \$ _____ (Please fill in Credit Card details below)
 Direct Debit \$ _____ (Please fill in Direct Debit details below)

Credit Card Details

Please circle the following Credit Card **Mastercard / Visa**

Credit Card _____ / _____ / _____ / _____ Expiry Date ____ / ____
 Name on Card: _____ Signature _____

Customers' Authority (Direct Debit Request)

I/We (Customers Name) _____ **authorise and requests you** (Name of Debit User)
 Bankstown Airport Limited APCA User ID Number 227799 to arrange for funds to be debited from my/our account at the
 financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This
 authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Signature (s) (1) _____ (2) _____ Date _____
If debiting from a joint account, both signatures are required

Account Name _____ Financial Institution _____
 BSB Number _____ Account Number _____ Branch name _____

Office use only

Payment have been set up in the system by _____ Date _____