**REQUEST TO SET UP A RECURRING DIRECT DEBIT PAYMENT**

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| --- | --- |
| **DATE**: |  |
| **NAME**: |  |

**I wish to set up a recurring direct debit payment from my account**

|  |  |
| --- | --- |
| **COMMENCEMENT DATE:** |  |
| **AMOUNT $**: |  |
| **FREQUENCY:**  *Please circle your choice or cross out unwanted choices* | Once-off  Weekly  Fortnightly  Monthly  Annual |
| **MY BANK:** |  |
| **MY BANK ACCOUNT NAME:** |  |
| **MY BANK BSB:** |  |
| **MY BANK ACCOUNT NO:** |  |

**To the Banyule Network Direct Offerings Account**

|  |  |
| --- | --- |
| **BANK:** | BENDIGO BANK |
| **BANK ACCOUNT NAME:** | BANYULE NETWORK DIRECT OFFERINGS |
| **BANK BSB:** | 633-000 |
| **BANK ACCOUNT NO:** | 185375458 |

**Signed**

|  |  |
| --- | --- |
| **SIGNATURE:** |  |
| **NAME:** |  |