**Direct Debit Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT DETAILS** | | | | | | | | | |
| Business Name | |  | | | | | | | |
| ACN | |  | | | | | | | |
| Name of Main Contact | |  | | Position | |  | | | |
| Email | |  | | Phone | |  | | | |
| Mobile | |  | | Fax | |  | | | |
| **DIRECT DEBIT AUTHORITY** | | | | | | | | | |
| Name of Account |  | | | | | | | | |
| Name of Bank |  | | | | | | | | |
| BSB Number |  | | Account Number | | | |  | | |
| I authorise and request that HR Assured arrange for periodic funds to be debited from the nominated account listed above in accordance with the following terms:   |  |  |  | | --- | --- | --- | | Amount | Description | Date | |  |  |  | |  |  |  | | | | | | | | | | |
| Signature | |  | | | | | | | |
| Name | |  | | | Date | | | |  |
| Signature  (if joint signatory to account) | |  | | | | | | | |
| Name | |  | | | Date | | |  | |

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