



# Direct Debit Request

Athian Pty Ltd ABN: 60 053 275 344

## Request and Authority to debit the account named below to pay [Midwest Foods]

**Surname or Company Name** \_\_\_\_\_

**Given Names or ACN/ARBN** \_\_\_\_\_ (“you”)

request and authorise *[Midwest Foods]* [Debit User Identification Number 263206] to arrange for any amount *[Midwest Foods]* may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

**Financial institution name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Name of account** \_\_\_\_\_

**BSB number**    |\_\_|\_|\_|-|\_\_|\_|\_|

**Account number**    |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Account name**                    ...../...../...../...../    **Exp** ...../.....

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and (*Midwest Foods*) as set out in this Request and in your Direct Debit Request Service Agreement.  
**Cancellation of this Direct Debit arrangement must for forward in writing to Midwest Foods Accounts Department.**

- Full value of Invoice charged for next delivery  
or
- The maximum amount to be debited at any one time is:  
  
     \$|\_|\_|\_|. |\_|\_|\_|\_|. |\_|\_|\_|\_|      \_\_\_\_\_  
   (amount in words)
- or
- The first debit may be made on \_\_\_ / \_\_\_ / \_\_\_ and at  
weekly intervals after that
- or
- Debits may be made seven days after the issue of a billing advice

<b>Signature</b> _____	<b>Signature</b> _____
<b>Address</b> _____	<b>Address</b> _____
_____	_____
<b>Date</b> ___ / ___ / ___	<b>Date</b> ___ / ___ / ___

(If signing for a company, sign and print full name and capacity for signing eg. director)