iDebit PRO

ABN: 17 349 353 404 PH: 1800 827 234

# DIRECT DEBIT REQUEST - DIRECT DEBIT

| | | | |
|---|---|---|---|
| Business: | Kool Kids WA Pty Ltd | ABN/ACN: | |
| *Surname: | | *First Name: | |
| *Mobile Phone: | | Customer Reference: | |
| *Email: | | | |
| *Address: | | | |

* indicates a mandatory field.

## Debit Arrangement / Payment Details

I authorise and request **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** (Direct Debit User ID: 424700) to debit payments from my nominated account through the Bulk Electronic Clearing System (BECS), as specified below, at intervals and amounts as directed by Kool Kids WA Pty Ltd in accordance with the Terms and Conditions of this agreement.

Child's Name

Fixed Amount

Fixed ☐ Variable ☐

Fee Start Date D D - M M - Y Y Y Y

Weekly ☐ Fortnightly ☐ Monthly ☐ 4 Weekly ☐

## Debit from Bank, Building Society or Credit Union Account

| | | | |
|---|---|---|---|
| Financial Institution: | | Branch: | |
| BSB Number: | | | |
| Account Number: | | | |
| Account Holder Name(s): | | | |

I/We authorise **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** ABN 17 349 353 404 to debit my/our account at the Financial Institution identified above through the Bulk Clearing System (BECS) in accordance with the Payment details stated above and as per the **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** DDR Service Agreement (Ver 3.0) provided.

**Transaction Fee: $0.79**

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **NumeroPro Pty Ltd ATF The Kidsoft Unit Trust** as set out in this Request and in your Direct Debit Request Service Agreement.

Signature(s) of Nominated Account Holder

Date D D - M M - Y Y Y Y

Date D D - M M - Y Y Y Y

| | | | | |
|---|---|---|---|---|
| Office Use Only | Received Date: | Reference No: | Ver 1.0 | COMPLETE USING BLACK INK ONLY |