

# DIRECT DEBIT

### Billing Party Details

Account Holder Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Account Holder Address \_\_\_\_\_

\_\_\_\_\_

Account Holder Phone Number \_\_\_\_\_

Account Holder Email Address \_\_\_\_\_

### Schedule

Payments will be direct debited monthly from your nominated account.

Payment amount \$ \_\_\_\_\_

Number of scheduled payments \_\_\_\_\_

Payments will be processed on the 1st of each month and the receipt will be emailed to your address provided. If this date falls on a weekend the payment will be processed on the next business day.

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet debiting on its due date.

Please advise us if the account nominated by you to receive the direct debit drawings is either transferred or closed.



**\*PLEASE COMPLETE THE SECOND PAGE\***

**DR THERESIA R. SUDJALIM**  
**SPECIALIST ORTHODONTIST**

B.D.Sc. (Melb), D.C.D. (Melb), F.R.A.C.D.S.,  
M.Orth R.C.S. (Edin), M.R.A.C.D.S. (Orth), A.O.B. (Cert)

**DR THOMAS LO**  
**SPECIALIST ORTHODONTIST**

B.D.Sc.(Melb), D.C.D.(Melb), M.Orth R.C.S.  
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**Authorisation**

**Financial Institution**

I / We request Berwick Orthodontic Specialists to Direct Debit the agreed upon amount from the nominated financial institution in accordance to the specified schedule.

Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

Account Name \_\_\_\_\_

BSB \_\_\_\_\_

Account Number \_\_\_\_\_

Signature #1 \_\_\_\_\_

Signature #2 \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*If debiting from a joint account we require both parties signatures*

**OR**

**Credit Card**

I / We request Berwick Orthodontic Specialists to Direct Debit the agreed upon amount from the nominated financial institution in accordance to the specified schedule.

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return your completed application by email, post or in person to Berwick Orthodontic Specialists.

For any other questions please call **03 9212 0217** OR email us **info@berwickorthodontics.com.au**