



# Muslim Welfare Society

ACN: 152 031 386 ABN: 72 152 031 386

## Direct Debit Request

I/We request you, Muslim Welfare Society LTD, to arrange for funds to be debited from my/our nominated account at the financial institution shown below, according to the schedule below.

Name and Surname:

Street:

Suburb: State: Post Code:

Email: @

Telephone and or Mobile Phone Number:

Telephone No: ( ) Mobile No:

Name and Branch of Financial Institution:

Account Name:

BSB No:

Account No:

Or Credit Card details:

Credit Card Security Number 3 at back: Credit Card Expiry Date: MM/YY

Please debit \$ from the above account, the 15th of the each month (If this day is a non-business day, the debit will be processed on the next business day)

Signature (s)

Date: / /20 If debiting from a joint bank account, both signatures are required