



FROM CREDIT CARD ACCOUNT
DIRECT DEBIT REQUEST

I/We request you, Serenity Huzur Foundation of Victoria Inc ABN 85 800 296 487, to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name:

Adress

Postcode:

Telephone Home Mobile

E mail

Signature(s)

If debiting from joint bank account both signatures are required

Date

Name of Card Holder

Name of Credit Card

Card Number

Expire Date ____ / ____ / ____

Please tick one of the following options

- Commencing immediately
 Commencing on: ____ / ____ / ____

Please tick one of the following options

- Expiring until further notice
 Expiring on: ____ / ____ / ____
 Expring after ____ payments.

Please debit \$ ____ from the above account each:

- Week Fortnight Month Other

(You may wish to insert a drawing schedule here that more suits your business)

Signature: _____

Please submit the form: by email: info@serenityfoundation.org.au
by post: 250 Hume HWY, Somerton, Victoria, 3062
personally to our accountant Seleme Firat: 22 Lismore st. Dallas, Victoria