



**FROM BANK 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:

Address   
  
Postcode:

Telephone Home  Mobile

E mail

Signature(s)

If debiting from joint bank account both signatures are required

Date

Name of Bank Account

Name and Branch of Financial Institution

BSB No

Account Number

Please tick one of the following options

Commencing immediately  
 Commencing on: \_\_\_ / \_\_\_ / \_\_\_

Please tick one of the following options

Expiring until further notice  
 Expiring on: \_\_\_ / \_\_\_ / \_\_\_

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](mailto:info@serenityfoundation.org.au)  
by post: 250 Hume HWY, Somerton, Victoria, 3062  
personally to our accountant Seleme Firat: 22 Lismore st. Dallas, Victoria