Staceys Bootcamp

61 785 935 345

Direct debit request agreement				
Given Name:		Family Name:	Titl	e:
Address:		Suburb:		_Postcode:
Gender: M / F	DOB:	МОВ:		
Email:				
Fees & Payments				
Debit Schedule: Start Date:				
I/we hereby authorise Stacey Savage to make withdrawals from my/our nominated account on behalf of Staceys Bootcamp. Staceys Bootcamp will show as biller				
Payment will be taken out Weekly:Fortnightly:Monthly:				
First Debit amount: Once off set up fee of \$10.00.				
If your payment is rejected there will be an additional fee of \$2.95 per attempt. 80c per direct debit				
Please charge my periodic payments to:				
Name:		Bank:	BSB:	ACC:
Sign:Joint holder Sign:				
Cooling off period. You can cancel this agreement within the 48hrs				
Cancellations 30 days' notice				
Sign for Debiting Schedule				
By signing this authority, I acknowledge that it includes the debiting schedule, terms and conditions on this page, I have read and understood them				
Member Name:_		Signature:		Date:

Joined by : Stacey Savage