



Employer Direct Debit Request for Online Redundancy

When completing this form, please use **black** pen and print in CAPITAL letters.

Employer details

Membership number

Email address

Month deductions to commence (mm/yyyy)

Employer name

Contact name

Business address

Street number/PO box

Street name

Suburb

State

Postcode

Details of the account to be debited

Name of financial institution

Address of financial institution

Street number/PO box

Street name

Suburb

State

Postcode

Name of account to be debited

BSB number

Account number

Business / Company details

 $I/We,$

Given names / Surname

Company name

Australian Business Number (ABN)

authorise ACIRT Pty Ltd ABN 39 062 330 170 as Trustee for ACIRT (USER ID No. 228444) to arrange for funds to be debited from my/our account at the financial institution identified above and prescribed through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the terms described in the Service Agreement on our website www.acirt.com.au

Your signature



Date (dd/mm/yyyy)

Co-signature (all signatures may be required for joint accounts)



Date (dd/mm/yyyy)

ACIRT Administration

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