

PERSONAL DETAILS				
Full Name		Parent/Guardian Na	Parent/Guardian Name (If member is 13-17 years)	
Contact Number		Email		
DIRECT DEBIT (If applicable)				
Savings or Cheque Account				
Bank Name	Account Name	BSB Number	Account Number	
I authorise the Shire of Boddington to arrange, through its own financial institution, a debit to the nominated account at any amount deemed payable by the Shire of Boddington subject to the Terms and Conditions overleaf. By signing you have understood and agreed to the Terms and Conditions governing the debit arrangements between you and the Shire of Boddington as set out in this request.				
Signature		Date	Date	
AUTHORISATION				
I believe that to the best of my knowledge, all of the information I have supplied within this form is correct. I have read, understood and agree to the terms and conditions.				

Signature

Date