Direct Debit Request

Department of Families, Fairness and Housing



Request and authority to debit the account for (Resident name) for monthly rent to be paid to Department of Families, Fairness and Housing.

## Request and authority to debit

|  |  |
| --- | --- |
| Your surname or company name | Your given names or ABN/ARBN (’you’) |
|  |  |

request and authorise the Department of Families, Fairness and Housing [User Id 539026] to arrange, through its own financial institution, a debit to your nominated account any amount the Department of Families, Fairness and Housing has deemed payable by **you**.

This debit or charge will be made through the Bulk Electronic Clearing System Framework (BECS) from **your** account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

## Insert the name and address of financial institution at which account is held

| Financial institution name | Address |
| --- | --- |
|  |  |

## Insert details of account to be debited

| Name/s on account | BSB number (must be 6 digits) | Account number |
| --- | --- | --- |
|  |  |  |

## Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and the Department of Families, Fairness and Housing as set out in this Request and in your Direct Debit Request Service Agreement.

### **Insert your signature and address**

(If signing for a company, sign and print full name and capacity for signing e.g. director)

| Signature | Address, Email & Phone number  | Date |
| --- | --- | --- |
|  | Address:Email:Phone number:  |  |

### **Insert second account signatory (if required)**

(If signing for a company, sign and print full name and capacity for signing e.g. director)

| Signature | Address, Email & Phone number | Date |
| --- | --- | --- |
|  | Address:Email:Phone number: |  |

Completed forms should be posted to: Department of Families, Fairness and Housing, Attention Specialist Housing for Disability, Tenancy Operations Team, 50 Lonsdale Street Melbourne Victoria 3000

If you have any queries, please contact Specialist Housing for Disability, Tenancy Operations team on 1300 161 485 or sda@dffh.vic.gov.au