



Ambulance Victoria
Accounts Receivable
Locked Bag 9000,
Ballarat, Victoria 3354
Telephone: 1800 990

Date 17/11/2020

Customer(s) name**Customer(s) address****Invoice number**

Option 1: Direct Debit Request details

I/we request that monies due in terms of the payment arrangements with Ambulance Victoria (User ID 441712) covered by this document be drawn from my/our account conducted with:

ING Direct, Level 28 60 Margaret St
(Name and address of financial institution) Swed

Matthew Macdonald

BSB

9, 2, 3, 1, 0, 0

Account no.

37244832

(Please note that Direct Debiting is not available on the full range of Financial Institution accounts. If in doubt, please refer to your Financial Institution before completing this request.)

Option 2: Credit Card Deduction details

I (Name as it appears on the card)

authorise Ambulance Victoria to charge my

☐ Mastercard ☐ Visa

Card Number

Card Expiry Date (MM/YY)

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request Service Agreement on the back of this form. I have read and agree with the Direct Debit Request terms & conditions.

Client(s) signature(s)

SIGN HERE

Payment start date

3, 12, 20

(Please allow 10 working days for processing.)

Option 3: Repay Using BPay Facility – Biller Code 205559

Please note that the Biller Code and Reference Number can be located on your original invoice in the bottom left hand corner. You will be required to enter these details when paying by phone or using the internet. **This account cannot be paid at the Post Office.**

Amount

\$ 50

Payment frequency:

[] Weekly

☒ Fortnightly

☐ Monthly