

Evolution to Wellbeing

PERIODICAL DIRECT DEBIT OR DEPOSIT BILLING

CUSTOMER DETAILS

Company Name (if applicable): _____

Customer Name: _____
Given Name/s Surname

Address: _____ DOB: ____ / ____ / ____
Street Name and Number (if applicable)

Suburb State Postcode Email

Telephone: _____
(H) (M) (W)

TERMS & CONDITIONS

Commencing on ____ / ____ / ____ and periodically thereafter as specified, I/We hereby authorise **Evolution To Wellbeing** to make withdrawals from my/our nominated account on behalf of the Company / Customer named above.

\$_____ (GST included)	<input type="checkbox"/> Until Further Notice
Per 4 Weeks <input type="checkbox"/> Per 8 Weeks <input type="checkbox"/>	Special conditions:

Customer Signature: _____ Date: _____

Staff Members Signature: _____ Date: _____

CREDIT CARD

Please charge my periodical payments to my: (tick one) ☐ Visa ☐ Mastercard ☐ Bankcard

Name on Card: _____
Given Name/s Surname

Credit Card Number: Expiry Date: ____ / ____

Signature of card holder: _____ Date: _____

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Mimika Solutions Trading as **Evolution to Wellbeing**

Commonwealth Bank

BSB: 062238

ACC: 10074042

Payment to be set up as periodic **fortnightly** payments. First payment must commence Week One of track.

DIRECT DEBIT REQUEST AUTHORISATION

I/We request this Arrangement remain in force in accordance with The Schedule described above and in compliance with **Evolution to Wellbeing's** terms and conditions.

Account Holder/s Signature/s: _____ Date: _____

