



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

PO Box 343 QLD 4300
Ph : 07 3271 6641 Fax : 07 3271 3553

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN, * indicates a MANDATORY FIELD

Business: ABN/ACN:

Customer Reference:

*Surname: *Given Name:

*Mobile #:

*Email:

*Address:

*Suburb: *State: *Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

Regular Debits Starting on Date: / / Debit this amount: \$

Frequency: Weekly Fortnightly Monthly (Default) 4 Weekly

Duration: Continue regular debits until further notice (Minimum of Debits)

Until I have paid regular debits

Administration Fee (once only): <input type="text"/>	Paid By Business <input type="checkbox"/>	Bank Account Transaction Fee: <input type="text"/>	Paid By Business <input type="checkbox"/>	Credit Card Transaction Fee: <input type="text"/>	VISA/MasterCard: <input type="checkbox"/>	Paid By Business <input type="checkbox"/>	AMEX/Diners: <input type="checkbox"/>	N/A <input type="checkbox"/>	Optional SMS Payment Reminder <input type="checkbox"/>	N/A <input type="checkbox"/>
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard

Card Number: Expiry Date: /

Name of Cardholder:

By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.3) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.3) and I/We have read and understand same.

Signature(s) of Nominated Account:

Date: / /