

Please post completed form to: PO Box 5047, Daisy Hill QLD 4127Surname: _____ Given Name: _____
(Or Company/Business Name)

Address: _____ Suburb: _____ State: _____

Post Code: _____ Phone: (H) (____) _____ (W) (____) _____ (Mob.) _____

Email Address: _____ Tax Deductibility: No Yes**Payment Details**

First Debit Date: ____/____/____

Voice of Truth Amount: \$10•00 \$20.00 \$40.00 other \$ _____**Payment Term:** Continue until further notice**Frequency of Payments:** Monthly Other _____**Ezi Debit From Bank Or Cheque Account, Building Society or Credit Union**

Financial Institution: _____ Branch: _____

BSB Number: _____ Account Number: _____

Account Name: _____

NOTE – Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution

Ezi Debit From Credit Card - NOTE: Ezi Debit Australia will appear on your credit card statement VISA MasterCard Diners Amex

Card Number: _____ Expiry Date: ____/____

Card Holder Name: _____

Terms and Conditions

I/We hereby authorize Ezi Debit Australia Pty Ltd to make periodic withdrawals from the financial institution specified above on behalf of the business as described above. (Hereafter referred to as "the business") The administration of this agreement is conducted by Ezi Debit acting as billing agent for the Business. The services provided by Ezi Debit are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. I/We request until further notice in writing to direct debit my/our account described above, any amounts which Ezi Debit Australia, **User ID number 165969**, may debit or charge me / us through the Ezi Debit system.

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me / we vary the amount or frequency of future debits.
4. You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.
5. It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution.
6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or Ezi Debit. If no resolution is forthcoming you are advised to contact your financial institution.
7. We will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
8. By signing this form I/We agree to give 14 working days notice of cancellation in writing to the business.
9. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.
10. I/We authorise the Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

This authority is to remain in force in accordance with the terms and conditions as described on this page, and I / we have read and understand the same.

Signature(s) of Nominated Account

Date

Staff Members Name:

Ezi Debit Office Use Only

Date Received:

Entered By:

Reference #