



Direct Debit Request - New Customers Only

PRINCIPAL: _____

EZYPAY REFERENCE NO.

CUSTOMER NO: _____

Surname: _____ Given Name: _____
(Or Company/Business Name)

Address: _____ Suburb: _____

Postcode: _____ Phone (Home): (____) _____ (Work): (____) _____

First Debit amount of \$ _____: _____ to occur on ____/____/____ (allow 7 working days to process)

With regular debits of \$ _____: _____ commencing on ____/____/____ with an ongoing

debit every: Month(s) Week(s) Day(s) **OR** Debit **ONCE** only

Minimum number of payments are _____ with the last debit date of ____/____/____ (Leave blank if until further notice)

DIRECT DEBIT FROM BANK ACCOUNT, BUILDING SOCIETY OR CREDIT UNION

Before completing please check your account details against a recent statement or with your Financial Institution. Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.

Where is your account held

Name and Suburb of the Financial Institution

How does name appear on statement

Account Name

BSB number

 -

Account number

I/we authorise Ezypay Pty. Limited APCA User ID Number 064323 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS).

DIRECT DEBIT FROM CREDIT CARD



Expiry Date: ____/____/____

Cardholder Name: _____

This authorisation is to remain in force in accordance with the terms and conditions on this page and on the reverse side hereof, and I/we have read and understand same.

Signature of cardholder or account holder

Date

Signature of joint cardholder or joint account holder

Date

EZYPAY Office Use Only: