



Direct Debit Request

AffinityOne Pty Ltd
Tel: 1800 468 722 Fax 1800 984 991

ABN 67 096 902 813
New Customer Form

Business: ABN/ACN: **AF1 GEN 22188**

Customer Reference:

Surname: (or Business Name) Given Name:

*Mobile Ph:

*Email:

Debit *Indicates a mandatory field. Arrangement / Payment Details And/Or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

Address: Suburb: State: Postcode:

Debit Arrangement/Payment Details

and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

1. **Once Only Debit** Date: Debit \$
D D M M Y Y Y Y

2. **Regular Debits** Date: Debit \$
D D M M Y Y Y Y

3. **Debit Frequency** Weekly Fortnightly Monthly 4 Weekly
(Default)

4. **Debit Duration** Continue regular debits Until Further Notice (Min. Payments)
(Default) Until I have Paid: Regular Debits

Fees / Charges

Administration	Paid by	Transaction	Paid by	Credit	Visa/Mastercard	Paid by Business	SMS Payment
Fee:	Business	Fee:	Business	Card Fee:	Amex/Diners	Paid by Business	Reminder: N/A

Debit from Bank, Building Society or Credit Union Account

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

Financial Institution: Branch:

BSB Number: Account Number:
(9 Digits MAX)

Account Holder Name(s):

I / We authorise Ezi Debit Australia Pty Ltd User ID 165969 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Service Agreement provided.

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number:

Expiry Date:

Card Holder Name:

By signing this form, I / We authorise **Ezi Debit Australia Pty Ltd**, acting on behalf of the business to debit payments from my specified credit card above, and I / we acknowledge that **Ezi Debit Australia** will appear as the business name on my credit card statement.

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/we have read and understand the same.

Signature(s) of Nominated Account

Date
D D M M Y Y Y Y

Office Use Only: **S1** Received Date: Reference No: Ver 1.0 **COMPLETE USING BLACK INK ONLY**

Customers signature _____ Date _____



ABN: 67 096 902 813

DDR Service Agreement^{Ver 1.1}

I/We hereby authorize Ezidebit Pty Ltd ACN 096 902 813 (**Direct Debit User ID number 165969**) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the "Business")

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing if:-

- (1) there is a public or bank holiday on the day, or any day after the debit date;
- (2) a payment request is received by Ezidebit on a day that is not a banking business day in Queensland; and
- (3) a payment request is received after normal Ezidebit cut off times, being 4:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise the Business to vary the amount of the payments from time to time as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon instructions from the Business. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable. I/We will also be responsible for any fees and charges applied by my financial institution and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that if specified by the Business, a setup, variation, SMS or processing fees may apply as instructed by the Business.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting as a 3rd party payment provider. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Ezidebit 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 debit, or otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee which ever is greater.

I/We authorise:

- 1) Ezidebit to verify details of my/our account with my/our financial institution; and
- 2) my/our financial institution to release information allowing Ezidebit to verify my/our account details.

Po Box 1388
Milton, QLD 4064
Ph: (07) 3124 5500 Fax: (07) 3124 55

Customers signature _____ Date _____