





**New Customer Form** 

wish to receive this information.

Customer Ref:		Client ID:	GAT GEN 12176
Surname:	Company / Business Name	Given Name:	
			Pcode:
Payment Details And/Or the to			
Step 1:	/	Step 2:	\
First Debit Date:	Regular Debit amount of	( If Blank = \$0.00)	
	Commencing on:	,	Weekly
First Debit amount of:	<u> </u>		Fortnightly
\$	(	(Min Payments) efault)	Monthly (Default)
☐ Once Only	Or Gor (#)	novmente	4 Weekly
Fees / Charges	☐ For (#)	payments	(Select one only)
Setup Fee: \$2.20	Direct Debit Fee:	\$1.10 Cr	edit Card Fee: 2.2% (Min \$1.10)
ψ2.20		<b>U</b>	
Direct Debit from Bank Ac	count, Building Socie	ty or Credit Union $^{^{\mathrm{D}}}$	Direct Debit is not available on the full range of accounts  — if in doubt please refer to your financial institution
What is the name of your I	bank, and where was the	e account opened?	
Financial Institution:		Branch:	
What is the 6 digit BSB an			
What is the o digit bob an	a Account No or your in	Jiiiiatea Baiik A000ai	
BSB Number:	_	count Number:	
How does the name appea	ar on your statement?		9 Digits MAX
Account Holder Name(s): _			
	•	•	ncial Institution identified above through the Bulk and as per the Service Agreement provided.
Debit from Credit Card			
	☐ VISA ☐ Mas	terCard 🗌 Bank	card
	_ vie/v _ inac	nordara	loard
Card Number:			
Expiry Date:	Card Holde	er Name	
By signing this form, I / We a	uthorise Ezi Debit Australia Pty	Ltd, acting on behalf of the b	ousiness to debit payments from my specified usiness name on my credit card statement.
S. Gait Gaid above, and 17 W	.o domiomodgo triat <b>L2i Dobit</b> i		25556 Hallo St. Inj Groun Gard Statement.
This Authorisation	is to romain in force in	accordance with the T	forms and Conditions on this
			erms and Conditions on this nd understand the same.
Signature(s) of Nominated Account			Date
Signature (5) or Horninatou Account			//
		Ver 1.0	Ezi Debit and related business partners ma wish to send you information relating to



## **DDR Service Agreement**

I/We hereby authorize Ezi Debit Australia Pty Ltd (ACN: 096 902 813) **Direct Debit User ID number 165969** (herein referred to as Ezi Debit) 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 Ezi Debit is acting as a Direct Debit Agent for the Business and that Ezi Debit 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 with the Business.

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

I/We acknowledge that bank account and credit card details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We acknowledge that is is my/our responsibility to ensure that there is 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 your financial institution. 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 Ezi Debit will not be held responsible for any fees and charges that may be charged by your 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 Ezi Debit on a day that is not a Banking Business Day
- 3) A Payment request is received after normal Ezi Debit cut off times, being 4pm QLD 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 the Business agreement. I/We authorise Ezi Debit to vary the amount of the payments upon instructions from the Business. I/We do not require Ezi Debit to notify me/us of such variations to the debit amount.

I/We acknowledge that the business is to provide 14 days notice if proposing to vary the debit amounts.

I/We acknowledge that variations to the debit arrangement will be directed to the Business.

I/We acknowledge that any request to stop or cancel the debit arrangement will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit in addition to any financial institution charges and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by Ezi Debit.

I/We authorise Ezi Debit 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 "Ezi Debit Australia" will appear as the business name for all payments from credit card. I/We acknowledge and agree that Ezi Debit 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 Ezi Debit is acting as a 3<sup>rd</sup> party payment provider. I/We Acknowledge and agree that in the event that a claim is made, Ezi Debit will not be liable for the refund of any funds.

Ezi Debit 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 Ezi Debit's Privacy Policy can be found at www.ezidebit.com.au

I/We authorise:

- 1) The Debit User to verify details of my/our account with my/our financial institution
- 2) The Financial Institution to release information allowing the Debit User to verify my/our account details.

Po Box 5839 West End, QLD 4101

Ph: (07) 3255 1733 Fax: (07) 3255 3733