



# DIRECT DEBIT REQUEST

PH: 0403946986  
ABN/ACN: 14 748 587 783

## NEW CUSTOMER FORM

<b>YOUR DETAILS</b>		Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD		
Business:	GAVIN MORGAN		ABN/ACN: 14 748 587 783	101-000-718
Customer Reference:				
* Surname:			* Given Name:	
* Mobile #:			<input type="checkbox"/> I authorise Ezidebit to remind me of upcoming debits via SMS	
* Email:				
* Address:				
* Suburb:			* State:	* Postcode:

<b>DEBIT ARRANGEMENT</b>		Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit									
<input type="checkbox"/>	Once Only Debit	On Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			Debit this amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
		D	D	M	M	Y	Y				
<input type="checkbox"/>	Regular Debits	Starting on Date: <input type="text"/> / <input type="text"/> / <input type="text"/>			Debit this amount: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
		D	D	M	M	Y	Y				
Frequency:		<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	4 Weekly		
Duration:		<input type="checkbox"/>	Continue regular debits until further notice (Minimum of <input type="text"/> <input type="text"/> debits)								
Administration Fee(once only up to: <input type="text"/> )		Bank Account Transaction Fee: <input type="text"/>	Credit Card Transaction Fee:			VISA/Mastercard: 1.99% AMEX/Diners: 1.99%			Optional SMS Payment Reminder: <input type="text"/>	\$0.28 per SMS	
Failed Payment Fee: <input type="text"/>											

## CHOOSE YOUR PAYMENT METHOD

<input type="checkbox"/> Debit from Credit Card	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX																		
Card Number:															Expiry Date:			/			
Name of Cardholder:															M	M	Y	Y			

By signing this form, I/we authorise Ezidebit Pty Ltd ACN 096 902 813, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.

<input type="checkbox"/> 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 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request.

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.13). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at [www.ezidebit.com/au/privacy-policy/](http://www.ezidebit.com/au/privacy-policy/)

Signature(s) of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D M M Y Y

DDR Service Agreement (Ver 1.13)

## DDR SERVICE AGREEMENT (Ver 1.13)

## DDR Service Agreement (Ver 1.13)

**Please retain a copy for your records.** This Direct Debit Request Service Agreement (**Agreement**) forms part of the terms and conditions of your Direct Debit Request (**DDR**).

## Debiting Your Account

1. By agreeing to the DDR you authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 342190, 342191, 428198) (referred to as **Ezidebit**) to make debits to your nominated account.
2. The debit will be processed on the next business day after the direct debit date if:
  - (a) a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
  - (b) there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.
3. You authorise Ezidebit to attempt to re-debit any unsuccessful payments. You will also be responsible for any fees and charges applied by your financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.
4. Ezidebit may charge you certain fees (including setup, variation, SMS or processing fees) where applicable under your debit arrangement.

## Your Responsibilities

5. It is your responsibility to:
  - (a) Ensure that your nominated account can accept direct debits;
  - (b) Ensure that the details on the DDR are correct, and the bank account has been verified against a recent bank statement;
  - (c) Ensure that all authorised signatories nominated on the financial institution account to be debited authorise the DDR;
  - (d) Ensure that there are sufficient cleared funds in the nominated account, as a failed payment fee may be charged by Ezidebit if a debit is returned by your financial institution as unpaid;
  - (e) Advise immediately if the nominated account is transferred or closed or your account details change;
  - (f) Arrange a suitable payment method if Ezidebit or the Business cancels the drawing arrangements.

## Cancelling or Changing Direct Debits

6. Subject to the terms and conditions of your agreement with the Business, you may cancel, alter or defer the debit arrangement by contacting the Business a reasonable time before the date that the drawing is to be made. If the stop or cancellation is a result of the Debit User's variation to the terms, no penalty should be imposed.
7. You authorised Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within your agreement with the Business. In all other cases, changes to the amounts or dates of a series of direct debits require 30 days' prior notice.
8. If you believe that there has been an error in debiting your account, you should notify the Business as soon as possible. The Business will notify you of its determination and the amount of any adjustment that will be made to your nominated account (if any). Upon receiving instructions from the Business, Ezidebit will arrange for your financial institution to adjust your nominated account by the applicable amount (if any). Alternatively, you can also contact your financial institution.
9. You agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non-supply of goods and/or services by the Business and that all disputes will be directed to the Business (as Ezidebit is acting only as an agent for the Business).

## Confidentiality

10. We will keep your account details and direct debit records confidential in accordance with Ezidebit's [Privacy Policy](#), except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of an alleged incorrect or wrongful debit, in relation to a claim, or otherwise as required by law.

## Contact

If you wish to contact Ezidebit about anything relating to this Agreement, you should contact:

Ezidebit  
PO Box 3327, Newstead, QLD 4006  
Ph: 1300 763 256 Email: [support@ezidebit.com.au](mailto:support@ezidebit.com.au)  
<https://www.ezidebit.com/en-au/contact>