DIRECT DEBIT

JINDOKAI KARATE-DO SALISBURY & PLAYFORD

ezidebit A division of globalpayments

ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

Ph: 0882853091
ABN/ACN: 36 763 378 671

NEW CUSTOMER FORM

YOUR DETAILS

Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: DION ARNE RISBORG ABN/ACN: 36 763 378 671 100-314-252

Customer Reference:

* Surname: * Given Name:

* Mobile #:

* Email:

* Address:

* Suburb: * State: * Postcode:

DEBIT ARRANGEMENT

Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969, 303909, 301203, 234040, 234072, 428198) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by DION ARNE RISBORG ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.9).

Administration Fee(once only) up to:	Paid By Business	Bank Account Transaction Fee:	Paid By Business	Credit Card Transaction Fee:	VISA/Mastercard: Paid By Business AMEX/Diners: Paid By Business	Optional SMS Payment Reminder:	Paid By Busines	Failed Payment Fee:	$14.80

CHOOSE YOUR PAYMENT METHOD

☐ Debit from Credit Card

☐ VISA ☐ MasterCard ☐ AMEX ☐ Diners

Card Number: Expiry Date: / (M M Y Y)

Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

☐ 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 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.9) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.9) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at http://www.ezidebit.com/au/privacy-policy/

Signature(s) of Nominated Account: Date: / / (D D M M Y Y)