



Direct Debit Request



ABN 90 296 321 061  
Mobile 0401 245 456



ABN 47 112 521 909

New Customer Form

Client ID: 11523

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Or Company / Business Name

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Pcode: \_\_\_\_\_

Ph: ( ) \_\_\_\_\_ Mob: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Agreement

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

#### Step 1:

First Debit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Debit: \$ \_\_\_\_\_

Regular Debit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Regular Debit: \$ \_\_\_\_\_  
Fees / Charges \_\_\_\_\_

#### Step 2:

Until Further Notice

Or

For a minimum of (#) \_\_\_\_\_ Payments

Or

Until a maximum amount of \$ \_\_\_\_\_ is collected

#### Step 3:

Weekly

Fortnightly

Monthly

Quarterly

Select one only

|                   |     |                          |        |                         |               |
|-------------------|-----|--------------------------|--------|-------------------------|---------------|
| <b>Setup Fee:</b> | Nil | <b>Direct Debit Fee:</b> | \$0.99 | <b>Credit Card Fee:</b> | \$0.99 + 2.2% |
|-------------------|-----|--------------------------|--------|-------------------------|---------------|

### Direct Debit Request (Bank Account, Building Society or Credit Union)

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 bank, and where was the account opened?

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

#### How does the name appear on your statement?

Account Holder Name(s): \_\_\_\_\_

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I/We authorise Payment Technologies Pty Ltd User ID 234072 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 Terms and Conditions provided.

### Debit from Credit Card

VISA    MasterCard    Bankcard    AMEX    Diners

Card Number: \_\_\_\_\_

CCV / Batch Code: \_\_\_\_\_ CCV / Batch Code: 3 Digit code on signature panel for Visa/Mcard/Bcard or the 4 digit number on the front of your Amex

Card Holder Name: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

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

This authority shall stand pursuant to the terms and conditions of any contractual agreement between the customer and the business named above. The administration of this authority is conducted by Payment Technologies (Debit User) acting as a billing agent for the business. The services provided by Payment Technologies are administrative only and do not extend to the provision of any service or benefits by the business. This authority shall be interpreted and enforced pursuant to the laws of the State of Queensland.

Signatories of Nominated Account

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only:

SPT1

Received Date: \_\_\_\_\_

Member Ref: \_\_\_\_\_



## Service Agreement

Powered by:



The administration of this agreement is conducted by Payment Technologies (ABN 47 110 689 711). The services provided by Payment Technologies are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland.

The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it of any monies pursuant to this request or any other authority or mandate.

Payment Technologies will provide 14 days notice if the payment amount (s) or frequency of the payments vary for future debits.

It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution. If your Debit request falls on a weekend or public holiday, it will be processed on the next working day.

You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.

If your Direct Debit is dishonoured or returned by your financial institution, for any reason, Payment Technologies reserves the right to charge a dishonour fee, and re-present the Direct Debit for processing again on the next business day.

Any dispute arising from this or subsequent direct debits are to be directed to Payment Technologies on (07) 3299 3211 or in writing to the address provided below, or you may contact your financial institution. If no resolution is forthcoming you are advised to contact your financial institution.

If you lodge a DDR Customer Claim form with your financial institution they will investigate whether the transaction was authorised by you. If the transaction date was no earlier than 12 months from the date of your claim you should receive a response within 7 days from the date of your claim. If the transaction date was made earlier than 12 months from the date of your claim you should receive a response within 30 days from the date of your claim.

We 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 relation to an alleged incorrect or wrongful debt, or otherwise required by law.

You may stop, cancel, alter or defer your Direct Debit Request at any time, by contacting your Financial Institution or by providing at least 14 Business Days written notification to Payment Technologies at the address detailed below.

I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.

I/We authorise the Financial Institution to release information allowing the Debit User to verify the abovementioned account details.

I/We agree to accept payment notifications from the business by either E-mail or SMS as determined by the business. If I do not wish to receive such notifications I will contact the business directly so as to be omitted from such notifications.

Po Box 3941  
South Brisbane, QLD 4101  
Ph: (07) 3216 6331