Direct Debit Request

.





PO Box 363 Church Point NSW 2105 Ph (02) 9979 7856

ABN 67 096 902 813

New Customer Form

Business: Scotlar	d Island & Offshore Chi	Idren's Services Inc ABN/A	CN: 53 473 346	5 281 SIO GEN 21134	
Customer Reference	ə:				
Surname :	(or Business Name)	(or Business Name)			
*Mobile Ph :	· · · · · · · · · · · · · · · · · · ·				
*Email : * Indicates a mandatory field 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 Del	Dit Date:	M M Y Y Y Y	Debit \$		
2. Regular Debits	Date:	M M Y Y Y Y	Debit \$	•	
3. Debit Frequen	C <b>y</b> Weekly	/ Default	y 🗌 4 Weekly		
4. Debit Duration	Default)	nue regular debits Until Fu	rther Notice (Min.	Payments)	
Fees / Charges	🗌 Until	I have Paid:	Regular Debits		
Administration Paic Fee: Busin		id by <b>Credit</b> Visa/Master siness <b>Card Fee:</b> Amex/Diner			
Debit from Bank,	<b>Building Society</b>	or Credit Union Acc	Ount Direct	Debit is not available on the full range of accounts n doubt please refer to your financial institution	
Financial Institution BSB Number:	: 	Bran Account Number	•	) Digits MAX)	
Account Holder Na	me(s):	• • • • • • • • • • • • • • • • • • • •			
			Is stated above and as	al Institution identified above through per the Ezidebit Pty Ltd DDR Service	
Debit from Credit Card					
	VISA		MEX 🗌 Dir	iers	
Card Number:					
Expiry Date:	· · · · · · · · · · · · · · · · · · ·				
Card Holder Name	,				
we acknowledge that Ezid	ebit will appear as the bus	•	ement. Furthermore, I/	my specified credit card above, and I/ we agree to reimburse Ezidebit Pty Ltd st Ezidebit Pty Ltd.	
This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit Pty Ltd DDR Service Agreement, and I/we have read and understand the same.					
Signature(s) of Nominat	ed Account Holder/Credit C	ard Holder		Date	
Office Use Only: S1	Received Date:	Reference No:	Ver 1.1	COMPLETE USING BLACK INK ONLY	



## DDR Service Agreement Ver 2.0

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 is 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 Ezi.

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 3<sup>rd</sup> 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 5555