



Unit 42, 1 Macquarie Street
Parramatta NSW 2150
ABN: 40 806 984 472



DIRECT DEBIT REQUEST

NEW CUSTOMER FORM

YOUR DETAILS

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

Business: The Welfare Fund Inc ABN /ACN: 40 806 984 472 REW GEN: 16531
 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

Once only debit On Date: / /
D D M M Y Y Debit this amount: \$
 Regular debits / /
D D M M Y Y Debit this amount: \$
 Frequency: Weekly Fortnightly Monthly (Default) 4 Weekly
 Duration: Continue regular debits until further notice (Default) (Minimum of Debits)
 Until I have paid \$ in regular debits

Administration Fee (once only):	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	N/A
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card Visa MasterCard Diners AMEX
 Card no:
 Expiry Date: /
M M Y Y

Name of Card Holder: _____

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) 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 1.3) 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 1.3) and I/We have read and understand the same.

Signature(s) of nominated account: _____ Date / /
D D M M Y Y
 DDR Service Agreement (Ver. 1.3)