



Direct Debit Request

Australian Adult Training Services Pty Ltd

PO Box 1107
Fortitude Valley QLD 4006
Ph (07) 3252 2994
Fax (07) 3257 1872



ABN 67 096 902 813

New Customer Form

Business: Australian Adult Training Services Pty Ltd ABN/ACN: 86 098 052 272 ACC AAT 10022

Customer Reference: _____

Surname: _____ (or Business Name) Given 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 Debit** Date: _____ Debit \$ _____
D D M M Y Y Y Y

2. **Regular Debits** Date: _____ Debit \$ _____
D D M M Y Y Y Y

3. **Debit Frequency** Weekly Fortnightly Monthly 4 Weekly
(Default)

4. **Debit Duration** Continue regular debits Until Further Notice (Min. _____ Payments)
(Default) Until I have Paid: _____ Regular Debits

Fees / Charges

| | | | | |
|----------------------------|------------------|--------------------------------|---|----------------------------------|
| Administration Fee: | Paid by Business | Transaction Fee: \$0.88 | Credit Card Fee: Visa/Mastercard 2.2% (Min \$0.88) Amex/Diners 4.4% (Min \$0.88) | SMS Payment Reminder: N/A |
|----------------------------|------------------|--------------------------------|---|----------------------------------|

Debit from Bank, Building Society or Credit Union Account

Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution

Financial Institution: _____ Branch: _____

BSB Number: _____ – _____ Account Number: _____
(9 Digits MAX)

Account Holder Name(s): _____

I/we authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Payment Details stated above and as per the Ezidebit Pty Ltd DDR Service Agreement (Ver 1.1) provided.

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number: _____

Expiry Date: _____ / _____

Card Holder Name: _____

By signing this form, I/we authorise **Ezidebit Pty Ltd**, 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 business name on my credit card statement. Furthermore, I/we agree to reimburse Ezidebit Pty Ltd for any successful claims made by the Card Holder through their financial institution against 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 Nominated Account Holder/Credit Card Holder _____ Date: _____
D D M M Y Y Y Y

Office Use Only:

S1

Received Date:

Reference No:

Ver 1.1

COMPLETE USING BLACK INK ONLY



ABN: 67 096 902 813

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 it 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 3rd 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