



DIRECT DEBIT REQUEST

Ph: 0401 441 291

NEW CUSTOMER FORM

ABN/ACN: 61 667 182 519

100-745-741

YOUR DETAILS

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

Business: E.M Ackermann ABN/CAN: 61 667 182 519
Customer Reference: Mackay - Ackermann
*Surname: *Given Name
*Mobile #: Home #:
*Email:
*Address:
*Suburb/City: *State *Postcode

DEBIT ARRANGEMENTS

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: Debit this amount: \$
Regular Debits Starting on Date: Debit this amount: \$
Frequency: Weekly Fortnightly Monthly 4 Weekly
Duration: Until I have paid Regular debits
Until I have paid \$ In regular debits
Continue regular debits until further notice Minimum of Debits (Rental - Minimum 12 month contract)

Administration Fee Paid By Business (once only) up to:

Bank Account Paid By Transaction Fee: Business

Credit Card Transaction VISA/Mastercard: Paid By Business Fee: AMEX/Diners: N/A

Optional SMS Payment Reminder \$0.28 per SMS

Please note: A dishonour fee of \$21.90 applies to all unpaid debits, to be deducted 3-4 working days after failed payment notice received from the bank.

CHOOSEYOUR PAYMENT METHOD

Debit from Credit Card
VISA MasterCard
Card Number: Expiry Date:
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, 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 1.8) 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 1.8) 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-police

Signatures of Nominated Account: Date:
D D M M Y Y

IDENTIFICATION

Provide Copy of photo ID – back & front

Type of identification provided: Drivers Licence Passport Over 18's Card
 Other

Reference number:

Expiry Date:

DD / MM / YY

Date of Birth :

DD / MM / YY

REFERENCES: At least 3 points of contact required

EMPLOYMENT DETAILS

Not employed Pension - complete Personal Reference ²

Company name:

Period at employer:

Tel Ph:

Contact name:

Contact number of Manager, Supervisor or HR contact person – Landline number preferred

Employment status: Permanent Part Time Perm Part Time Casual Contractor

Self Employed

Business Name / Industry

Period in Business:

SPOUSE / PARTNER DETAILS

Not applicable - complete Personal Reference ³

First & Last Name:

Spouse

Partner

Mobile Number

Email address:

Employer name:

PERSONAL REFERENCE | Relative or close friend **not** residing at the **same** address

Reference ¹ ALL applicants must complete Reference ¹

First & Last Name:

Relationship:

Address:

Phone # :

Reference ² If **not employed** (or on a pension) complete additional reference ²

First & Last Name:

Relationship:

Address:

Phone # :

Reference ³ If **no partner / spouse** complete additional reference ³

First & Last Name:

Relationship:

Address:

Phone # :

TERMS & CONDITIONS

By signing this form I/we agree to the full terms & conditions as set out on the reverse page of the Agreement document & I/We hereby acknowledge that the information is correct and true and hereby authorise Awesome Water Mackay to verify the information provided as to my/our personal details, employment and references.

A scoring system is used to determine eligibility for a payment plan. Complete all questions in full to obtain maximum score. Additional information may be requested if you do not meet the minimum score required.

Awesome Water Mackay reserves the right to refuse any application without having to provide any reason for their decision.

Signature(s) of Applicants(s)

Date:

DD / MM / YY