



EZi DEBIT

**Direct Debit Request
New Customer Form**

HCI GEN



Ph: 03 5223 6767

Fax: 03 5223 6799

Customer Ref: _____

Surname: _____ Given Name: _____
(Or Company/Business Name)

Address: _____ Suburb: _____ State: _____

Post Code: _____ Phone: (H) (____) _____ (W) (____) _____ (Mob.) _____

Payment Details A Payment as per form details

First Debit Date: ____ / ____ / ____	Frequency of Payments:	Payments Term:
First Debit: \$.....•.....	<input checked="" type="checkbox"/> Until further notice	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly
Regular Debit: \$.....•.....		<input type="checkbox"/> Monthly <input type="checkbox"/> Four Weekly
And/or the total amount billed for the specified period		

Ezi Debit from Bank or Cheque Account, Building Society or Credit Union

Financial Institution: _____	Branch: _____
BSB Number: _____ □ _____	Account Number: _____
Account Name: _____	
NOTE – Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution	

Terms and Conditions

I/We hereby authorize Ezi Debit Australia Pty Ltd to make periodic withdrawals from the financial institution specified above on behalf of the business as described above. (Hereafter referred to as “the business”) The administration of this agreement is conducted by Ezi Debit Australia acting as billing agent for the Business. The services provided by Ezi Debit Australia 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. I/We request until further notice in writing to direct debit my/our account described above, any amounts which Ezi Debit Australia, **User ID number 165969**, may debit or charge me / us through the Ezi Debit system.

- The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
- The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request as to future debits.
- The user may, by prior arrangement and advice to me / we vary the amount or frequency of future debits.
- You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.
- 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.
- Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or Ezi Debit Australia. If no resolution is forthcoming you are advised to contact your financial institution.
- 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 it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
- By signing this form I/We agree to give 14 working days notice of cancellation in writing to the business.
- 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 above mentioned account details.

This authority is to remain in force in accordance with the terms and conditions as described on this page, and I / we have read and understand the same.

Signatory of Nominated Account

Date
____ / ____ / ____

Signatory of Nominated Account

Date
____ / ____ / ____

Staff Members Name:

Ezi Debit Office Use Only

Date Received:

Entered By:

Reference #