



Write new customer and bank account details, sign then fax or regular post to Fair Go Communications

Fair Go Communications Pty Ltd
PO Box 1263 Tully Qld 4854
Ph: 1300 666 247 Fax: 1300 727 131

LOK GEN

Direct Debit Request – New Customer Form

Customer User Name: \_\_\_\_\_

Surname: \_\_\_\_\_ (Or Company/Business Name) Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (Mob.) \_\_\_\_\_

Payment Details (EDA Office Use Only: A Payment. First Payment made immediately. Additional pmts as per form)

Table with 3 columns: Debit Details (First Debit Date, Amount, Regular Debit Amount), Fees (Admin Fee, Set Up Fee), and Frequency of Payments.

Ezi Debit From Bank Or Cheque Account, Building Society or Credit Union

Form for financial institution details including BSB Number, Account Number, and Account Name.

Terms And Conditions

- I/We hereby authorize Ezi Debit Australia Pty Ltd to make periodic withdrawals from the financial institution specified above... 1. The Financial Institution may, in its absolute discretion, determine the order of priority of payments... 2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request... 3. The user may, by prior arrangement and advice to me / us, vary the amount or frequency of future debits... 4. You are advised to verify account details against a recent bank statement... 5. It is your responsibility to ensure that you have sufficient clear funds in your nominated account... 6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or Ezi Debit Australia... 7. We will keep your information about your nominated account at the financial institution private and confidential... 8. By signing this form I/We agree to give 14 working days notice of cancellation in writing to the business... 9. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution... 10. I/We authorise the Financial Institution to release information allowing the Debit User to verify the abovementioned 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.

Signature of cardholder or account holder [Signature Box]

Date [Date Box]

Signature of joint account holder [Signature Box]

Date [Date Box]

Ezi Debit Australia and their related business partners may wish to forward to you material about future products, services and promotions.

A tick in the box indicates that you do not wish to receive this information.

Staff Members Name: \_\_\_\_\_

Ezi Debit Office Use Only
Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Reference # \_\_\_\_\_