

Direct Debit Request (DDR) Authorisation Form

CUSTOMER DETAILS

Cust: Ref #:

Given Name:

Surname:

(Or Company Name)

Address:

Street Name and Number

City

State

P/code

Telephone:

Mobile

Work Phone

Home Phone

Email:

PAYMENT ARRANGEMENT

For the total amount billed for the specified period for this and any other subsequent agreements or amendments including associated fee/charges as detailed.

Single Payment: / / debit the amount of: \$, .
D D M M Y Y Y Y

Recurring Payment: / / debit the amount of: \$, .
D D M M Y Y Y Y

Payment Frequency: Weekly Fortnightly Monthly
(Select one only)

Payment Term: Continue until further notice
(Select one only)

Until I have paid \$, . OR regular payments
(Select one only)

BANK ACCOUNT AUTHORISATION

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

I / We authorise IntegraPay Pty Ltd ABN 63 135 196 397, User ID 382220, to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Arrangements stated above and this Direct Debit request and as per the DDR Service Agreement provided.

CREDIT CARD AUTHORISATION

Please charge my periodical payments to my (please tick one): VISA MasterCard Amex


Card Number

Expiry Date

/ /
M M Y Y

Name on Card (exactly how it appears on card)

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understand the same.

 AUTHORISING SIGNATURE

Date

/ /
D D M M Y Y Y Y