EZi DEBIT
ABN 19 846 581 395

Optraweb Internet Solutions
Email: accounts@optraweb.com.au
Ph: 1300 730 720 Fax: 08 6210 1346

OPT GEN

Direct Debit Request – New Customer Form

Customer Ref: _____

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

Address: _____ Suburb: _____

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

Payment Details

(EDA Office Use Only: **A** Payment as per form details)

First Debit Date: ____ / ____ / _____

First Debit: ($.....•.....)

Regular Debit: ($.....•.....)
(And/or the total amount billed for the specified period)

Plus (whichever is applicable)

Admin Fee
Direct Debit: (Paid by Optraweb)

Set Up Fee
DD : (Paid by Optraweb)

☐ Until further notice
☐ For $.....•..... only.
☐ For (#)_____of payments

☐ Weekly ☐ Fortnightly
☐ Monthly ☐ Four Weekly

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.

1.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.
2. 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.
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 and if uncertain you should contact your financial institution.
5. 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.
6. 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.
7. 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.
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 | Date
_____ / /

Signature of joint account holder | Date
_____ / /

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 #