# Direct Debit Request Form - new customers only

Please use BLACK (Preferable) / BLUE BALL POINT PEN. * Compulsory field

**Principal Name:** Todays Photos

## Section A - CUSTOMER INFORMATION

Your Reference ID for this Customer: X

Company Name: X

* First Name:

* Surname:

* Date of Birth: . . Password: X

* Address Line 1:

Address Line 2:

* Suburb: * State: * P/C:

* Phone (M): Phone:

* Email:

## Section B - PAYMENT INSTRUCTION IMPORTANT

Fees and charges may apply.
Please allow 5 working days for processing after the form is received by Ezypay

**1)** First debit or once off debit $ 0 0 0 0 0 . 0 0 **To be debited on:** 0 0 . 0 0 . 0 0 0 0

(leave start date blank) we will ensure this aligns with pay day

**2)** ***Total Value of Order Divided By 10 Installments***

Regular amount $ . To be debited every: 0 0 Month(s) or 0 2 Week(s) Starting on: 0 0 . 0 0 . 0 0 0 0

**3) Optional**

Ending on: 0 0 . 0 0 . 0 0 0 0 *Debits will continue if no end date is specified*

**OR**

End after this total amount is collected: ***Total Value of Order*** $ . *Debits will continue if no total amount figure is specified*

Note : This total amount collected option needs to be pre-organised with EZYPAY

## Section C - PAYMENT METHOD (please select Bank Account or Credit Card)

Name of Institution e.g.("Commonwealth Bank"):

Suburb where branch is located:

Name of Account Holder(s):

BSB Number: - Account Number:

I / we authorise Ezypay Limited APCA User ID Number 064323 to debit my / our accounts at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS)

*Police Credit account numbers start with 100 then 6 digits. NOT Co-op s1 account numbers!*

**OR**

**CREDIT CARD** Select your card type: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DINERS

Card Number: Expiry Date: .

Name on Card:

## Section D - AUTHORISATION

**This authorisation is to remain in force in accordance with the Terms and Conditions on this page and on the reverse side which I/we have read and understood.**

DO NOT MARK THIS BOX

EZYPAY REFERENCE NO

1. ✍ 2. ✍ . . **Signature of cardholder(s) or acount holder(s)**

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