

COMPLETE THE SECTIONS  
MARKED WITH \*



mind body motion



ACN 096 902 813 | AFSL 315388

# DIRECT DEBIT REQUEST

5/40 Fullers Rd, Chatswood NSW 2067  
Ph: 029884 7561

# NEW CUSTOMER FORM

**YOUR DETAILS** | Please complete this form using a BLACK PEN, \* Indicates a MANDATORY FIELD

Business: **Mind Body Motion** ABN/ACN: **94 489 946 486** **MDB GEN 16045**

Customer Reference:

\*Surname:  \*Given Name:

\*Mobile #:

\* Email:

\*Address:

\*Suburb:  \*State:  \*Postcode:

**DEBIT ARRANGEMENT** | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date:  /  /  Debit this amount: \$

Regular Debits Starting on Date:  /  /  Debit this amount: \$

Frequency:  Weekly  Fortnightly  Monthly (Default)  4 Weekly

Duration:  Continue regular debits until further notice (Minimum of  Debits)

Until I have paid  regular debits

Administration Fee (once only): \$2.20 Bank Account Transaction Fee: \$1.10 Credit Card Transaction Fee: VISA/MasterCard: 2.2% (Min \$1.10) AMEX/Diners: N/A Optional SMS Payment Reminder: N/A

## CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA  MasterCard

Card Number:  Expiry Date:  /

Name of Cardholder:

By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution:  Branch:

BSB Number:  -  Account Number:

Account Holder Name:

Cheque  Savings

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.3) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.3) and I/We have read and understand same.

Signature(s) of Nominated Account:  Date:  /  /