Direct Debit Request Form

AUSSIE ICT PTY LTD (ABN 49 648 228 497) of Shop 105B The Myer Centre Brisbane Food Court, 91 Queen St, Brisbane City QLD 4000, Australia

Email: info@aussiecomm.com.au Website: aussiecomm.com.au



Order Number Account Number Ac		Account Name			
	Request and Authority to debit the account named below to pay				
Aussiecom (A ICT PTY LTD Company) ABN 49 648 228 497					
ST and DEBIT	Your Surname or Company Name	Your Given Names or ABN / ARBN			
REQUEST and AUTHORITY to DEBIT	amount Aussiecomm, has deemed payable by you.	e, through its own financial institution, a debit to your nominated account any			
Ā	This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.				
Insert the name and address of financial institution at which account is held					
FINANCIAL INSTITUTION	Financial Institution Name				
FINA					
Z	Address				
တ	Insert details of account to be debited				
ACCOUNT DETAILS	Name(s) on Account				
cour	BSB Number (must be 6 Digits)	Account Number			
AC					
MENT	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Aussiecomm as set out in this Request and in your Direct Debit Service Agreement.				
EDG	Signature	Second Account Signatory (if required)			
ACKNOWLEDGMENT					
)A	(If signing for a company, sign and print full name and capacity signing eg. director)	for (If signing for a company, sign and print full name and capacity for signing eg. director)			
	Address	Address			

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CREDIT CARD DETAILS



Direct debiting to credit cards does not form part of procedures governed by the Bulk Electronic Clearing System. Please refer to procedures detailed in your cardholder terms and conditions provided by your Financial Institution.				
Cardholder Name				
Credit Card Number	Expiry Date	CVV		
Card Type	Signature			
VISA Mastercard AMERICAN EXPRESS				
AMERICAN AMERICAN				