



Auto-payment / Direct debit form

Customer information Mr Mrs Miss Ms Dr Other _____

Given names		Surname		
Business name		ABN	ACN	
Billing address		Suburb	State	Postcode
Phone	Fax	Mobile	E-mail address	

To help us identify you when you call please complete the following:

Date of birth ___ / ___ / ___ Secret question _____ Secret answer _____

Payment method (select one) Monthly Quarterly Half-yearly Annually
 Credit card VISA Mastercard Amex Diners club

Card no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Card expiry date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Card holder's name										Signature								

Direct debit

Direct debit request

Cheque or savings accounts only

Request and authority to debit

Surname _____ Given names or ABN/ARBN _____

Request and authorise Eftel Limited (APCA User ID Number 198674) to arrange, through its own financial institution, for any amount Eftel Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement.

Account details

Name of financial institution		Address																
Name of account																		
BSB no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Eftel Limited as set out in this Request and in your Direct Debit Request Service Agreement.

Contact details

Address		Daytime contact telephone	
Eftel account number		Eftel e-mail address OR ADSL2+ service number	

Please forward completed form to

Eftel Customer Accounts
GPO Box 2765
Perth WA 6001
Fax: +61 3 9090 2525
E-mail: accounts@eftel.com

Office use only	Client ID	Contract ID
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The following is your Direct Debit Service Agreement with Eftel Limited ABN 47 073 238 178. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

account means the account held at **your financial institution** from which **we** are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between **you** and **us**.

banking day means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between **us** and **you**.

us or **we** means Eftel Limited (the Debit User) you have authorised by requesting a **Direct Debit Request**.

you means the customer who has signed or authorised by other means the **Direct Debit Request**.

your financial institution means the financial institution nominated by **you** on the DDR at which the account is maintained.

1. Debiting your account

1.1 By signing a **Direct Debit Request** or by providing **us** with a valid instruction, **you** have authorised **us** to arrange for funds to be debited from **your account**. **You** should refer to the **Direct Debit Request** and this **agreement** for the terms of the arrangement between **us** and **you**.

1.2 **We** will only arrange for funds to be debited from **your account** as authorised in the **Direct Debit Request**.

1.3 If the **debit day** falls on a day that is not a **banking day**, we may direct **your financial institution** to debit **your account** on the following banking day. If **you** are unsure about which day **your account** has or will be debited **you** should ask **your financial institution**.

2. Amendments by us

2.1 **We** may vary any details of this agreement or a **Direct Debit Request** at any time by giving **you** at least fourteen (14) days written notice.

3. Amendments by you

3.1 **You** may change, stop or defer a debit payment, or terminate this **agreement** by providing **us** with at least fourteen (14) days notification by writing to: Eftel, GPO Box 2765, Perth 6001

or

by telephoning **us** on 1300 550 550

or

arranging it through **your** own financial institution.

4. Your obligations

4.1 It is **your** responsibility to ensure that there are sufficient clear funds available in **your account** to allow a debit payment to be made in accordance with the **Direct Debit Request**.

4.2 If there are insufficient clear funds in **your account** to meet a debit payment:

- a) you may be charged a fee and/or interest by **your financial institution**;
- b) you may also incur fees or charges imposed or incurred by us; and
- c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in **your account** by an agreed time so that **we** can process the debit payment.

4.3 You should check **your account** statement to verify that the amounts debited from your account are correct.

4.4 If Eftel Limited is liable to pay goods and services tax ("GST") on a supply made in connection with this **agreement**, then **you** agree to pay Eftel Limited on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

5.1 If **you** believe that there has been an error in debiting **your account**, **you** should notify **us** directly on 1300 550 550 and confirm that notice in writing with **us** as soon as possible so that **we** can resolve your query more quickly. Alternatively **you** can take it up with **your financial institution** directly.

5.2 If **we** conclude as a result of our investigations that **your account** has been incorrectly debited **we** will respond to **your** query by arranging for your financial institution to adjust **your account** (including interest and charges) accordingly. **We** will also notify **you** in writing of the amount by which **your account** has been adjusted.

5.3 If **we** conclude as a result of our investigations that **your account** has not been incorrectly debited **we** will respond to **your** query by providing **you** with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- a) with **your financial institution** whether direct debiting is available from **your account** as direct debiting is not available on all accounts offered by financial institutions.
- b) **your account** details which **you** have provided to **us** are correct by checking them against a recent account statement; and
- c) with **your financial institution** before completing the **Direct Debit Request** if **you** have any queries about how to complete the **Direct Debit Request**.

7. Confidentiality

7.1 **We** will keep any information (including your account details) in your **Direct Debit Request** confidential. **We** will make reasonable efforts to keep any such information that **we** have about **you** secure and to ensure that any of our employees or agents who have access to information about **you** do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 **We** will only disclose information that **we** have about **you**:

- a) to the extent specifically required by law; or
- b) for the purposes of this **agreement** (including disclosing information in connection with any query or claim).

8. Notice

8.1 If **you** wish to notify **us** in writing about anything relating to this **agreement**, **you** should write to Eftel, GPO Box 2765, Perth WA 6001.

8.2 **We** will notify **you** by sending a notice in the ordinary post to the address **you** have given **us** in the **Direct Debit Request**.

8.3 Any notice will be deemed to have been received on the third **banking day** after posting.

Your name _____ Your signature _____ Today's date _____