Telcoplus Direct Debit Authority Form



This form can be posted to Telcoplus, Suite 226, 189 Queen Street, Melbourne VIC 3000 or faxed to 1300 726307

Please fill in your account details:	
Surname or Compa	ny Name:
Given Names or AB	N/ACN/BRN:
Str	reet Address:
	Suburb: State: Postcode:
Account No. (If Appli	icable)
If you wish funds	to be debited from a <u>credit card</u> account, please fill in the below Credit Card section of this form.
	CREDIT CARD DEBIT AUTHORITY
Card Type: (Please Tick)	Diners VISA Mastercard Bankcard AMEX
Card Number:	
Expiry Date: (MM/YY)	
Card Name:	
CV Number: (Last 3 Digits on Signature Panel)	If this is an AMEX Card, the CV Number is the last 4 digits on the front of the card
If you wish fund	ds to be debited from a <u>bank account</u> , please fill in the below Bank Account section of this form.
	BANK ACCOUNT DEBIT AUTHORITY
Bank Name:	
BSB No.	
Account No.	
Account Name:	

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Automatic Direct Debit Authority Agreement

You have requested that **Telcoplus** (Telco in a Box) debit amounts that may from time to time become due in respect of your telephone account(s) from the account nominated in your Automatic Direct Debit Authority.

We advise you:

- A) To confirm the account details by checking a recent statement from your Financial Institution; and
- B) That your request must be signed in the same way as the account signing instruction held by your Financial Institution.

If you are uncertain about any of these items please check with your Financial Institution before completing your Automatic Direct Debit Authority. You are responsible for ensuring that the account you nominated has sufficient funds available to pay each debit when it becomes due. You must tell us if you close or change the account you nominated. Where the due date falls on a non-business day we will draw the amount on the next business day.

If you are uncertain as to when the debit will be processed to your account you should contact your Financial Institution directly. You may cancel your Automatic Direct Debit Authority, stop or defer an individual debit or request a change to the direct amount by contacting us. An alternative form of payment may be required. We must receive your notification at least 10 business days prior to the next due date to process your request in time.

If you believe that a debit has not been correctly processed you should contact us immediately. If you are not satisfied with your reply, you should contact your own Financial Institution. If debits are returned unpaid by your Financial Institution we will either attempt to debit from your nominated account again or we will contact you to arrange another way of paying. We reserve the right to cancel the Automatic Credit Card Authority arrangement if one or more debits are retuned unpaid by your Financial Institution. We will keep all information relating to your account private and confidential.

You consent to us using or releasing your account information to investigate any claim for possible incorrect debits. You fully indemnify us against any losses, costs, damages and liability that we suffer as a result of your giving us incorrect or false information in your Automatic Direct Debit Authority. Your indemnity continues after this Agreement is ended. These arrangements are subject to change. We will provide 14 days notice of any changes.

AUTHORISATION		
Print Name:		
I hereby authorise	Telcoplus (Telco in a Box) to Debit my account on the due date for any funds owing on my account with Telcoplus. I agree to the above terms and conditions of the direct debit agreement.	
Signature:		
Date: (DD-MM-YY)		