



TelcoWorx (Aust) Pty Ltd
 ABN: 85 125 591 004
 PO BOX 1221
 MORAYFIELD QLD 4506
 PH: 1800 TELCOWORX
 FX: 1300 686 557
 Email: info@telcoworx.com.au

BANK ACCOUNT DIRECT DEBIT FORM

Thank you for choosing **TELCOWORX (Aust) Pty Ltd**. All information provided by you is held in strict confidence and is not used for any purpose other than the direct provision and support of **TELCOWORX (Aust) Pty Ltd** business communications and associated services.

PLEASE TYPE YOUR DETAILS IN THE HIGHLIGHTED FIELDS

* INDICATES MANDATORY FIELDS

CUSTOMER ACCOUNT NUMBER: *

**REQUEST AND AUTHORITY TO DEBIT THE ACCOUNT NAMED BELOW TO PAY BILLBUDDY PTY LTD
 (TELCOWORX'S NOMINATED TELECOMMUNICATIONS NATIONAL BANKING PAYMENT COLLECTIONS AGENCY - BILL BUDDY PTY LTD)**

REQUEST AND AUTHORITY TO DEBIT

SURNAME / COMPANY NAME: *

GIVEN NAMES OR ACN/ABN: *

Request and authorise Bill Buddy Pty Ltd (the User) (User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd may debit or charge you on behalf of TelcoWorx (Aust) Pty Ltd to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions as set out herein and in accordance with Telcoworx' Terms and Conditions[and any further instructions provided below].

ACKNOWLEDGEMENT

By signing this direct debit request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out herein and in accordance with Telcoworx' Terms and Conditions. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees from the account nominated in this form.

BANK ACCOUNT DIRECT DEBIT DETAILS HERE:

**(Please note that any bank account transactions will appear on your statement as "Bill Buddy")*

NAME OF ACCOUNT: *

FINANCIAL INSTITUTION'S NAME: *

FINANCIAL INSTITUTION'S ADDRESS: *

BSB: * /

ACCOUNT NUMBER: *

ACKNOWLEDGEMENT

By signing this request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated bank account for an amount and frequency directed by the Biller indicated in the "Biller Use Only" section at the bottom of this form. * I understand that any bank account transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the account holder through their financial institution against Bill Buddy Pty Ltd.

SIGNATURE OF ALL ACCOUNT HOLDERS

(If signing for a company, sign and print full name and capacity for signing e.g. Director)

*

* / /

SIGNATURE

DATE

Please sign, print and fax form back to **1300 686 557** or **(02) 8088 1139** or post to:

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MORAYFIELD QLD 4506