



**TelcoWorx (Aust) Pty Ltd**  
 ABN: 85 125 591 004  
 PO BOX 1221  
 MORAYFIELD QLD 4506  
 PH: 1800 TELCOWORX  
 FX: 1300 377 484  
 Email: [info@telcoworx.com.au](mailto:info@telcoworx.com.au)

# CREDIT CARD 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.

**CARD DIRECT DEBIT DETAILS HERE:**

*\* (Please note that any credit card transactions will appear on your statement as "Bill Buddy")*

NAME AS IT APPEARS ON CARD: \*

CARD NUMBER: \*     /     /     /

EXPIRY DATE: \*   /

CARD TYPE: \*  MASTERCARD  VISA

CCV NUMBER: \*     
 (Last 3 digits on the back of the card)

**ACKNOWLEDGEMENT**

By signing this request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card 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 credit card 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 cardholder through their financial institution against Bill Buddy Pty Ltd. \*\* Please note that direct debits from a Credit Card transaction will attract a 2% transaction fee and a \$1.00 minimum fee.

**SIGNATURE OF ALL ACCOUNT / CARD 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 377 484** or **(02) 8088 1174** or post to:

**Telcoworx (Aust) Pty Ltd**  
**PO BOX 1221**  
**MORAYFIELD QLD 4506**