



APPLICATION FOR DIRECT DEBIT College Square

Ph: 1300 007 001 | Fax: 1300 887 813 | askus@spirit.com.au

Office use only
DATE RECEIVED _____ STAFF _____

Customer Account No: _____

I / We

Title	Surname	Given Name/s
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

User Name	Email Address
<input type="text"/>	<input type="text"/>

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

authorise and request SPIRIT TELECOM (AUSTRALIA) PTY LTD (User No 321370) ("Debit User"), until further notice in writing, to arrange for my/our account (as described in the Schedule below) to be debited through the Bulk Electronic Clearing System (CS2) as specified below, provided that if no amount is specified, the account may be debited with any amounts which I/we must pay to the Debit User under the arrangements.

Credit Card Details: (Where monies will be direct debited from)

Nil credit card fees for direct debit with the exception of American Express at 1.9%

VISA Mastercard American Express

Name appearing on Credit Card: _____

Card Number: _____ Expiry Date: _____

Signatures: _____ Date: _____

Acknowledgement

I/ We have read the Direct Debit Service Agreement attached and agree to its terms. I/We request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Direct debit Request Service Agreement. I/We confirm the account/credit card details set out above, are correct and that this Direct Debit Request is signed by the number of authorised signatories required by the financial institution where my/our account is held.

Customer's Signature:

Date:

Customer's Signature:

Date: