



# **DIRECT DEBIT REQUEST FORM**

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DEVELOPED BY  
**THE UPLINK TELECOM**  
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## DIRECT DEBIT REQUEST

PH: 1300280140  
ABN/ACN: 30 649 122 145

## NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN. \* Indicates a MANDATORY FIELD

|                     |                       |                                                                                       |             |
|---------------------|-----------------------|---------------------------------------------------------------------------------------|-------------|
| Business:           | VIRE NETWORKS PTY LTD | ABN/ACN: 30 649 122 145                                                               | 100-878-820 |
| Customer Reference: |                       |                                                                                       |             |
| * Surname:          |                       | * Given Name:                                                                         |             |
| * Mobile #:         |                       | <input type="checkbox"/> I authorise Ezidebit to remind me of upcoming debits via SMS |             |
| * Email:            |                       |                                                                                       |             |
| * Address:          |                       |                                                                                       |             |
| * Suburb:           |                       | * State:                                                                              |             |
|                     |                       | * Postcode:                                                                           |             |

## DEBIT ARRANGEMENT

Including details and associated fees/charges detailed below and/or the total amount for the specified period for this and as per any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

|                                          |                                                                                                                                                          |                                      |                                  |                                   |   |   |   |                       |  |  |  |  |  |  |  |  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-----------------------------------|---|---|---|-----------------------|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Once Only Debit | On Date:                                                                                                                                                 |                                      | /                                |                                   | / |   |   | Debit this amount: \$ |  |  |  |  |  |  |  |  |
|                                          |                                                                                                                                                          | D                                    | D                                | M                                 | M | Y | Y |                       |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Regular Debits  | Starting on Date:                                                                                                                                        |                                      | /                                |                                   | / |   |   | Debit this amount: \$ |  |  |  |  |  |  |  |  |
|                                          |                                                                                                                                                          | D                                    | D                                | M                                 | M | Y | Y |                       |  |  |  |  |  |  |  |  |
| Frequency:                               | <input type="checkbox"/> Weekly                                                                                                                          | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly | <input type="checkbox"/> 4 Weekly |   |   |   |                       |  |  |  |  |  |  |  |  |
| Duration:                                | <input type="checkbox"/> Continue regular debits until further notice (Minimum of <input type="text"/> <input type="text"/> <input type="text"/> debits) |                                      |                                  |                                   |   |   |   |                       |  |  |  |  |  |  |  |  |

Administration  
Fee(once only)  
up to: Paid By  
BusinessBank Account  
Transaction  
Fee: Paid By BusinessCredit Card  
Transaction  
Fee:VISA/Mastercard: 1.99%  
AMEX/Diners: 2.70%Optional SMS  
Payment  
Reminder: Paid By BusinessFailed  
Payment  
Fee: \$9.90

## CHOOSE YOUR PAYMENT METHOD

|                                                                                                                                                                                                                                                                               |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------|--|---|--|--|--|--|--|--|-----------------|--|--|--|--|--------------|---|---|---|---|--|
| <input type="checkbox"/> Debit from Credit Card                                                                                                                                                                                                                               |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
| <input type="checkbox"/> VISA                                                                                                                                                                                                                                                 | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
| Card Number:                                                                                                                                                                                                                                                                  |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  | Expiry Date: |   |   | / |   |  |
|                                                                                                                                                                                                                                                                               |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              | M | M | Y | Y |  |
| Name of Cardholder:                                                                                                                                                                                                                                                           |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
| By signing this form, I/we authorise Global Payments Australia 1 Pty Ltd, acting as Direct Debit Agent on instruction from the Business, to debit payments from my Credit Card.                                                                                               |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
| <input type="checkbox"/> Debit from Bank, Building Society or Credit Union Account                                                                                                                                                                                            |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
| Financial Institution:                                                                                                                                                                                                                                                        |                                     |                               |  |   |  |  |  |  |  |  | Branch:         |  |  |  |  |              |   |   |   |   |  |
| BSB Number:                                                                                                                                                                                                                                                                   |                                     |                               |  | - |  |  |  |  |  |  | Account Number: |  |  |  |  |              |   |   |   |   |  |
| Account Holder Name:                                                                                                                                                                                                                                                          |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |
| I/We authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (User ID No 342190, 342191, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request. |                                     |                               |  |   |  |  |  |  |  |  |                 |  |  |  |  |              |   |   |   |   |  |

The Authorisation in this Request remains in force in accordance with the terms and conditions of the DDR Service Agreement (Ver 1.11). I/We have read, understand and agree to the same. I/We declare that the information in this Request is true and correct. I/We acknowledge that my/our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>Signature(s) of Account  
Holder:Date:   /   /  

D D M M Y Y

DDR Service Agreement (Ver 1.11)



Global Payments Australia 1 Pty Ltd ACN 601 396 543 | Authorised Representative under AFSL 315388

## DDR SERVICE AGREEMENT (Ver 1.11)

### DDR Service Agreement (Ver 1.11)

I/We hereby authorise Global Payments Australia 1 Pty Ltd ACN 601 396 543 (Direct Debit User ID number 342190, 342191, 428198) (referred to as "Ezidebit") to make periodic debits on behalf of the Business (referred to as "the Business") as indicated on the attached Direct Debit Request which incorporates this DDR Service Agreement.

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services) to me/us for the Business pursuant to the Direct Debit Request and has no express or implied liability in relation to the goods and services provided or to be provided by the Business or the terms and conditions of any agreement that I/We have with the Business.

I/We acknowledge that the debit amount will be debited from my/our nominated card or bank account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement including the Fees/Charges in the Direct Debit Request).

I/We acknowledge that the details of my/our nominated card or bank account should be verified (eg: against a recent card or bank statement) to ensure accuracy of the details provided and I/we will contact my/our financial institution if uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient available/cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the due date for the debit. Direct debits normally occur overnight, however transactions can take up to 3 banking business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the debit amount has been debited from the account. If there are insufficient funds available, I/we agree that Ezidebit will not be responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:

1. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Sydney, NSW and Melbourne, VIC; or
3. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.

Any payment that falls due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within my/our agreement with the Business or as may be agreed by me/us and the Business. I/We do not require Ezidebit to notify me/us of the variation to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request (including this DDR Service Agreement) including varying the Debit Arrangement.

I/We will contact the Business if I/we wish to alter or defer the Debit Arrangement. I/We acknowledge that any request by me/us to stop or cancel the Debit Arrangement will be directed to the Business.

I/We acknowledge that any dispute regarding a debit will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we will contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee (as referred to in the Debit Arrangement) may be payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and agree to pay those fees and charges to Ezidebit.

"Ezidebit" may appear as the merchant for a payment from my/our credit card (including a debit or charge card). I/We acknowledge and agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non supply of goods and/or services and that all disputes will be directed to the Business (as Ezidebit is acting only as a Direct Debit Agent for the Business). The Transaction Fee for a debit to a Credit Card calculated as a percentage may be subject to a minimum amount.

I/We appoint Ezidebit as my/our agent for the control, management and protection of my/our personal information (relating to the Business and this Direct Debit Request) which is disclosed to Ezidebit. I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Direct Debit Request or the Ezidebit Privacy Policy, Ezidebit will keep your personal information about your nominated account private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection or as otherwise required or permitted by law. The Ezidebit Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and this Direct Debit Request) to release and provide such information to Ezidebit.

I/We authorise:

1. Ezidebit to verify with my/our financial institution and/or correct, if necessary, details of my/our account; and
2. My/our financial institution to release information allowing Ezidebit to verify my/our account details.

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