



PaySmart

DIRECT DEBIT BILLING

The Benchmark

ABN 62 695 382 965

PO Box 5567, Stafford Heights, Qld 4053
Phone: (07) 3866 9100 Fax: (07) 3866 9199
www.ffapaysmart.com.au

Business Name: State:

Ref No: Staff Ref:

New Customer Renewal of Existing Customer Change of Details

FFAPaySmart Pty Ltd ACN 117 597 010 AR No. 409047 is an authorised representative of Transaction Services Holdings Limited AFSL 338256 authorised to provide general advice about and issue billing services.

DIRECT DEBIT REQUEST

CUSTOMER DETAILS please use BLOCK LETTERS

Company Name (if applicable): _____

Customer Name: _____
Given Name/s Surname

Address _____ DOB: ____/____/____
Street Name and Number

Suburb State Postcode Driver's Licence No.: _____

Telephone: (H) _____ (W) _____ (M) _____

Email Address: _____

PAYMENT DETAILS

Step 1
Regular Debit Amount: \$ _____
Commencing on ____/____/____
 Until Further Notice (min _____ payments)
OR
 For _____ payments ONLY
OR
 Contract Value \$ _____

Step 2
PLUS approp. Admin Fee each debit:
 Weekly Admin Fee \$1.30
 Fortnightly Admin Fee \$1.95
 Monthly Admin Fee \$2.95
 Quarterly Admin Fee \$3.95

Step 3
Variation to First Debit Only (if applicable):
First Debit Amount:
(Excluding any Admin Fee and/or Set Up Fee)
\$ _____

Special Conditions: _____

DIRECT DEBIT FROM BANK ACCOUNT

Bank Name: _____ Branch Account Opened: _____

BSB Number: _____ - _____ Account Number: _____ (Not transaction card #)

Account Holder Name: _____
(as it appears on bank statement) Given Name/s Surname

I/We authorize FFA PaySmart Pty Ltd **User ID 073053** to debit my/our account at the Bank identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details above and as per the Service Agreement provided Verified by _____

DEBIT FROM CREDIT CARD

Please charge payments as detailed above to my: (tick one) Visa Mastercard Amex

Name on Card: _____
Given Name/s Surname

Note: FFA PaySmart will appear on your credit card statement (Not transaction card #)

Credit Card Number: _____ Expiry Date:...../.....

By signing below, I understand that a surcharge of 1.6% for Visa and Mastercard and 3.5% for Amex will be added to each payment (Delete if not applicable)

Due to an upgrade in banking regulations (PCI DSS) we cannot accept this form by EMAIL. Please POST or FAX original to FFA PaySmart. Alternatively details can be submitted via eDDR in Web Express.

DISTRIBUTION: *WHITE COPY send to FFA PaySmart *YELLOW: Business Copy * PINK: Customer Copy

AUTHORISATION

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/We have read and understand the same

.....
Signature/s of Nominated Account Holder/s

① Date/...../.....