

Payment Authorisation

Customer Details

Company (if applicable): _____
First Name: _____ Surname: _____
Phone Number: (____) _____ Email: _____

Applicable Accounts

Select which accounts this payment authority is to be applied to by marking the appropriate box clearly with an **X** (Example,).

- | | |
|---|-----------------------|
| <input type="checkbox"/> Dialup Account | Email address: _____ |
| <input type="checkbox"/> ADSL Broadband | Email address: _____ |
| <input type="checkbox"/> Wireless Broadband | Email address: _____ |
| <input type="checkbox"/> Domain Hosting | Domain name: _____ |
| <input type="checkbox"/> Telephone Account | Service number: _____ |

Payment Option

Select your Payment Option by marking the appropriate box clearly with an **X** (Example).

I authorise Internet Bill Processing Australia to debit my bank account, as supplied on overleaf Direct Debit form, for any fees and charges incurred on the accounts listed above.

(Please complete Direct Debit form overleaf)

I authorise Internet Bill Processing Australia to automatically debit my credit card for any fees and charges incurred on the accounts listed above.

Card Type: Visa Card MasterCard

Card Number: _ _ _ _ _ _ _ _ _ _

Card Holders Name: _____ Expiry Date: /

Card Holders Signature: _____ Verification number*: _ _ _

** This is found on the back of the credit card; please enter only the last three digits.*

Authorisation Agreement

I authorise Acenet Internet Services trading as Internet Bill Processing Australia, to invoice and charge my accounts (indicated above) by the Payment Option selected.

I understand that this authorisation is effective immediately and can be terminated by written notice thirty (30) days prior to the renewal date of the specific account.

Signature: **X** _____

Date: / /

Direct Debit Request Form

Customer Details

Company Name *(if applicable)*: _____ ABN / ACN: _____
Mr / Mrs / Ms / Other: ____ Surname: _____ First Name: _____
Address: _____
Suburb: _____ State: _____ Post Code: _____
Phone Number: (____) _____ Email Address: _____

By signing this document, I/we authorise Acenet Internet Services (84 010 690 490) Debit User Number 259337, the Debit User, to debit my/our account, detailed in the Schedule below, with any amount, through the Direct Debit System, I/we must pay you when due under the arrangement between us.

This authority is to remain in force until further notice.

The Schedule

Financial Institution Name: _____
Address: _____

Account Title: _____ *(Example: Fred & Wilma Smith)*
BSB Number: _ _ _ _ - _ _ _ _
Account Number: _ _ _ _ _ _ _ _ _ _
Payment Details: _____

Customer Authorisation

Name: _____
Signature: _____
Date of Authorisation: / /