

DIRECT DEBIT REQUEST

Ph: 5683252

NEW CUSTOMER FORM

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

Business: The YMCA of Greater Wellington Incorporated 100-660-210

Customer Reference:

* Surname: * Given Name:

* Mobile #:

* Email:

* Address:

* Suburb: * Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

D D M M Y Y

Regular Debits Starting on Date: / / Debit this amount: \$ Varies..

D D M M Y Y

Frequency: Weekly Fortnightly Monthly 4 Weekly

Duration: Continue regular debits until further notice (Minimum of Debits)

Administration Fee (once only up to): \$5.50	Bank Account Transaction Fee: \$0.80	Credit Card Transaction Fee:	VISA/Mastercard: 2.48% (Min \$0.80) AMEX/Diners: N/A	Failed Payment Fee: \$0.00
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card - VISA MasterCard

Card Number: Expiry Date: /

M M Y Y

Name of Cardholder:

By signing this form, I/we authorise Ezidebit (NZ) Limited, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement.

Details of the Account to be Debited

Financial Institution: Branch:

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Bank Branch Account Suffix

Account Holder Name:

Payer Particulars Payer Code Payer Reference

I/We authorise you until further notice to debit my/our account with all amounts which EZIDEBIT (NZ) LIMITED, the registered initiator of the above Authorisation Codes, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Signature(s) of Nominated Account:

Date: / /

D D M M Y Y

Approved
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