BillBuddy

Direct Debit Request

Bill Buddy Pty Ltd
ABN 31 106 055 181

B

Request and Authority to debit the account named below to pay Bill Buddy Pty Ltd

Request and Authority to Debit

Surname/Company Name:

Given Names or ACN/ABN:

Request and authorise Bill Buddy Pty Ltd (the User)(User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Service Agreement [and any further instructions provided below].

Complete this section for non credit card accounts

If debiting an account other than a credit card insert details here

Financial Institution's Name:

Financial Institution's Address:

Name of account:

BSB Number: ☐☐☐ – ☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out in this Request and in your Direct Debit Request Service Arrangement. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees under clause 10 of the Direct Debit Request Service Agreement from the account nominated in this form.

Complete this section for credit card accounts

If debiting a credit card account insert details here

Name as it appears on card:

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date: ☐☐ / ☐☐☐☐ Card Type: ☐ Mastercard ☐ Visa ☐ Bankcard

********Please note that any credit card transactions will appear on your statement as "Bill Buddy"********

Acknowledgement

By signing this Direct Debit Request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card for an amount and frequency directed by the Biller indicated in the "Biller User Only" section at the bottom of this form. I understand that any credit card transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the cardholder through their fincial institution against Bill Buddy Pty Ltd.

Signature of All Account/Card Holders

(If Signing for a company, sign and print full name and capacity for signing, eg. Director)

Signature ☐☐ / ☐☐ / ☐☐☐☐ *Date*

Address

Biller Use Only

Biller ID: 80093 Biller Name: refreshweb

Name of Biller representative completing this form: Danielle Nolan (accounts) Contact Phone: +61 7 3252 2917

Biller/Bill Buddy Use Only *(to be completed by person who creates this DDR in the OPS - this may be the Biller or Bill Buddy)*

Entered by: Date Entered:

DDR ID: ☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐