

IntelliTrac

IntelliTrac Pty. Ltd.
ABN 31 238 398 354

Direct Debit Request

Please Complete & Fax to 03 9466 7188

Request and Authority to debit the account named below to pay *IntelliTrac Pty Ltd*

Request and Authority to debit	Surname or company name _____ Given names or ACN/ARBN _____ (“you”) request and authorise IntelliTrac Pty. Ltd. trading as IntelliTrac <i>user Identification Number 324439</i> to arrange, through its own financial institution, for any amount IntelliTrac Pty. Ltd. trading as IntelliTrac may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.
Insert the name and address of financial institution at which account is held	Financial institution name _____ Address _____ _____
Insert details of account to be debited	Name of account _____ BSB number _ _ _ _ - _ _ _ _ Account number _ _ _ _ _ _ _ _ _ _ _ _ _ _
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and IntelliTrac Pty. Ltd. trading as IntelliTrac as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	<input type="checkbox"/> The maximum first amount to be debited for the purchase of goods is: \$ _ _ _ _ _ - _ _ _ _ _____ (amount in words) <input type="checkbox"/> The continuing monthly debit for the provision of services is: \$ _ _ _ _ _ - _ _ _ _ _____ (amount in words) <input type="checkbox"/> The first monthly debit may be made on 1 / / or up to 5 business days thereafter and at monthly intervals after that. One month’s billing period notice in writing is required terminate this agreement.
Insert your signature and address	Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director) Address _____ _____ Date ___ / ___ / ___

Office Use:-
Sales Person _____

Date Admin Received _____

Processed By _____