

## Direct Debit Request Please Complete & Email to

accounts@intellitrac.com.au

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

Request and Authority to debit	Surname or company name
to debit	Given names or ACN/ARBN("you")
	request and authorise IntelliTrac Pty. Ltd. trading as IntelliTrac user Identification Number 324439 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	Financial institution name
address of financial institution at which	Address
account is held	
Insert details of	Name of account
account to be debited	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.
	☐ The maximum first amount to be debited for the purchase of goods is: \$   _   _   -   _   _
Payment Details	(amount in words)
	☐ The continuing monthly debit for the provision of services is:
	\$   _   -    (amount in words)
	☐ 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	Signature
and address	(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	