



PO Box 5567, Stafford Heights, Qld 4053
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 www.ffapaysmart.com.au

Business Name: Pioneer Village School State:
 Ref No: Staff Ref:

New Customer Renewal of existing Customer Change of Details

FFA PaySmart Pty Ltd ACN 117 597 010 AR No. 409047 is an authorised representative of Transaction Services Holdings Limited AFSL 338256 authorised to provide general advice about and issue billing services.

DIRECT DEBIT REQUEST

CUSTOMER DETAILS please use BLOCK LETTERS

Company Name (if applicable): _____

Customer Name: _____
Given Names Surname

Address: _____ DOB: ____/____/____
Street Name and Number

Suburb State Postcode Drivers Licence No : _____

Telephone (H): _____ (W) _____ (M) _____

Email Address: _____

PAYMENT DETAILS

Step 1 Regular Debit Amount: \$ _____
 Commencing on 15/02/2017
 Until Further Notice (min ____ payments)
OR
 For _____ payments ONLY
OR
 Contract Value \$ _____

Step 2 PLUS approp. Admin Fee each debit:
 Fortnightly Admin Fee \$1.95
 Monthly Admin Fee \$2.95
 Quarterly Admin Fee \$3.95
 Biannually Admin Fee \$3.95
 Yearly Admin Fee \$3.95

Step 3 Variation to First Debit Only (if applicable):
 First Debit Amount:
 (Excluding any Admin Fee and / Set Up Fee)
 \$ _____

NOTE: A SET UP FEE of \$ 5.50 will be added to the first payment only.

Special Conditions: _____

DIRECT DEBIT FROM BANK ACCOUNT

Bank Name: _____ Branch Account Opened: _____

BSB Number: _____ - _____ Account Number: _____ (Not transaction card #)

Account Holder Name: _____
(as it appears on bank statement) Given Name/s Surname

I/We authorise FFA PaySmart Pty Ltd User ID 073053 to debit my account at the Bank identified above through the Bulk Electronic Clearing System (BECS) in accordance to the payment Details above and as per the service Agreement provided Verified By _____

DEBIT FROM CREDIT CARD

Please charge payments as detailed above to my: (tick one) Visa Mastercard Amex Diners

Name On Card: _____
Given Name/s Surname

Note: FFA Paysmart will appear on the credit card statement (Not transaction card #)
 Credit Card Number: _____ Expiry date:..... /.....

By signing below, I understand that a surcharge if 1.6% for Visa and Mastercard and 3.5% for Amex and Diners will be added to each payment (Delete if not applicable)

Due to an upgrade in banking regulations (PCI DSS) we cannot accept this form by EMAIL.
 Please POST or FAX original to FFA PaySmart. Alternatively, details can be submitted via eDDR in Web Express
 DISTRIBUTION: *BLUE COPY sent to FFA PaySmart (please retain if scanned and emailed) *Yellow Business Copy *PINK Customer Copy

AUTHORISATION

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/We have read and understand the same

Signature/s of Nominated Account Holder/s _____ Date / /