

Account / Credit Card

Please choose one to fill out:

Bank Account Details

Financial Institution:

Branch:

BSB:

Account Number:

Account Name:

I/We authorise Ezidebit Pty Ltd to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System in accordance with the Debit Arrangement stated above.

Credit Card Details

Card Type:

Card Number:

Name on Card:

Card Expiry:

CCV:

By signing this form, I/We authorise Ezidebit, 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.

Signature

Date