
DIRECT DEBIT AUTHORITY

Adfinis Pty Ltd ACN 100 162 203

ACCOUNT DETAILS

Account Number: _____ (e.g. 80123)

Title: _____ Full Name: _____ Phone #: _____

Company (if applicable): _____ ACN/ABN (if applicable): _____

Address: _____

PAYMENT METHOD

Credit Card - Card Type: MasterCard Visa

Card Number Expiry: /

Name on Card: _____

CVV:

TERMS OF DIRECT DEBIT

1. I, the undersigned hereby request and authorise Adfinis Pty Ltd to debit my Payment Method specified above to take payment for all charges in relation to the Account Details specified above, starting from **Date:** ___/___/____.
2. I understand that this arrangement for payment will continue until I formally request the Direct Debit to stop by contacting either my financial institution or Adfinis Pty Ltd, I understand that such request to stop the Direct Debit will not be a request to cancel any ongoing contract or arrangement with Adfinis Pty Ltd and such contracts or arrangements will continue and I will continue to be liable under those contracts or arrangements.
3. I understand that if my Direct Debit is for a bank account and falls on a day which is not a business day then Adfinis Pty Ltd will direct my bank/financial institution to debit my account on the next business day.
4. I agree to pay any fees charged by my bank/financial institution associated with insufficient funds being available at the time of a Direct Debit, I understand I can contact Adfinis Pty Ltd on **07 3208 3711** if I am unaware of the date of my next Direct Debit.
5. I understand I am responsible to inform Adfinis Pty Ltd of any changes to the details I have provided above.
6. I understand that if I wish to stop this Direct Debit I may do so by contacting Adfinis Pty Ltd by mail to PO Box 846 Springwood Qld 4127 or email to ap@adfinis.com.au.

SIGNED BY

Signature (Card Holder)

Print Name

Please return completed form to email to **ap@adfinis.com.au** or Post to: PO Box 846 Springwood Qld 4127

REVOCATION OF DIRECT DEBIT AUTHORITY

Adfinis Pty Ltd ACN 100 162 203

ACCOUNT DETAILS

Account Number: _____ (e.g. 80123)

Title: _____ Full Name: _____ Phone #: _____

Company (if applicable): _____ ACN/ABN (if applicable): _____

Address: _____

REVOCATION OF DIRECT DEBIT

1. I, the undersigned hereby request Adfinis Pty Ltd to stop the Direct Debit which I previously authorised for my Account Details specified above effective **from:** ___/___/____.
2. I understand that this request to stop the Direct Debit is not a request to cancel any ongoing contract or arrangement with Adfinis Pty Ltd and such contracts or arrangements will continue and I will continue to be liable under those contracts or arrangements.

SIGNED BY

Signature

Print Name

return completed form to email to **ap@adfinis.com.au** or Post to: PO Box 846 Springwood Qld 4127