

Direct Debit Request Form

Request and Authority to debit the Account or Credit Card indicated below to pay Pivotel Satellite Pty Limited
ABN 81 099 917 398

DETAILS

PIVOTEL MOBILE NUMBER (OR ACCOUNT NUMBER FROM BILL)

SURNAME OR COMPANY NAME ("YOU"):

GIVEN NAMES OR ABN/ACN:

**Complete Section 1 to Direct Debit from your Bank Account
OR Section 2 to Direct Debit from your Credit Card.**

SECTION 1: DIRECT DEBIT REQUEST

You request and authorise Pivotel Satellite Pty Limited, ABN 81 099 917 398 (Debit User Identification Number 226163) to arrange for any amount Pivotel Satellite Pty Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement. This authority is to remain in force until further notice.

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

BANK DETAILS TO BE DEBITED

ACCOUNT NAME (GIVEN NAME & SURNAME/COMPANY OR BUSINESS NAME)

BSB NUMBER

 -

ACCOUNT NUMBER

ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and Pivotel Satellite Pty Limited as set out in this Direct Debit Request and in the Direct Debit Request Service Agreement. If nominating a Joint Account or your method of operation is for two parties to sign, both parties must sign to authorise this Direct Debit Request.

PAYMENT DETAILS: Payments will be made seventeen (17) days after the date of issue of your bill.

SIGNATURE

DATE

ADDRESS

SECTION 2: CREDIT CARD AUTHORITY

You request and authorise Pivotel Satellite Pty Limited, ABN 81 099 917 398 (Debit User Identification Number 226163) to arrange for any amount Pivotel Satellite Pty Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from the credit card identified below subject to the terms and conditions of the Direct Debit Request Service Agreement. This authority is to remain in force until further notice.

DETAILS OF CREDIT CARD TO BE DEBITED (PLEASE TICK ONE) :

VISA MASTERCARD AMEX

NAME AS PRINTED ON THE CARD

CARD NUMBER

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EXPIRY DATE

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NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and Pivotel Satellite Pty Limited as set out in this Direct Debit Request.

PAYMENT DETAILS: Debits will be made seventeen (17) days after the date of issue of your bill.

SIGNATURE

DATE

ADDRESS

**You can fax this form directly to:
(07) 5630 3030 or return the
completed form to:**

**Pivotel Satellite Pty Limited
Locked Bag 100 Southport
QLD 4215**

**If you have any questions or need assistance in
completing this form please call our
Customer Care team on 1300 882 448.**