

DIRECT DEBIT FORM

1. Eligibility

You must be the main account holder to set up a direct debit on this account

2. Contact Details

Company Name: _____
Title: _____
First Name: _____
Last Name: _____
Phone: _____
Email: _____

3. Payment details

Bank Account

Bank or financial institution: _____
Account Holder's Name: _____
BSB: _____
Bank Account Number: _____

Credit card

Master Card Visa Card

Credit card holder's name: _____
Credit card number: _____
Expiry date: _____
Card security code: _____

4. Agreement

I/we authorised and request Securepay Pty Ltd "Securepay" to debit payments from my/our account, as specified below, at amounts as directed by Business Class Telecom ("the business") and User ID 428559 as per the Terms and Conditions of my agreement with the business and in accordance with this Direct Debit Request and the Securepay DDR Service Agreement.

BCT Account no: _____
Signed by: _____
Date: _____
Signature: _____

PLEASE RETURN THE COMPLETED FORM TO US BY:

Email: admin@bctelecom.com.au | Postal: GPO 774 Melbourne VIC 3001 | Fax: 1300 785 041

THANK YOU!