

Direct Debit Request Form

Key Telecom (ABN 53 633 727 447) of
P.O. Box 7070 Baulkham Hills NSW 2153

Email: accounts@keytelecom.com.au

Website: www.keytelecom.com.au

Order Number

Account Number

Account Name

Request and Authority to debit the account named below to pay Key Telecom (Key Telecom ABN 53 633 727 447)

REQUEST and
AUTHORITY to DEBIT

Your Surname or Company Name

Your Given Names or ABN / ARBN

“you”

request and authorise Key Telecom User to arrange, through its own financial institution, a debit to your nominated account any amount Key Telecom has deemed payable by you.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

FINANCIAL
INSTITUTION

Insert the name and address of financial institution at which account is held

Financial Institution Name

Address

ACCOUNT
DETAILS

Insert details of account to be debited

Name(s) on Account

BSB Number (must be 6 Digits)

Account Number

ACKNOWLEDGMENT

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Key Telecom as set out in this Request and in your Direct Debit Service Agreement.

Signature

Second Account Signatory (if required)

(If signing for a company, sign and print full name and capacity for signing eg. director)

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Address

Address

Date

Date

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CREDIT CARD DETAILS

Direct debiting to credit cards does not form part of procedures governed by the Bulk Electronic Clearing System.

Please refer to procedures detailed in your cardholder terms and conditions provided by your Financial Institution.

Cardholder Name

Credit Card Number

Expiry Date

CVV

Card Type



Signature