

# Direct Debit Authority

## Request for Direct Debit Authority issued by WINenergy Pty Ltd

This agreement authorises WINenergy to set up an Direct Debit Payment Arrangement for your utilities account and to pay the total amount of your utilities bills on the date specified on your bill.

Please return the form : **POST** PO Box 217, Hawthorn VIC 3122 or **FAX** +61 3 9832 0011

<b>1</b>	<b>CUSTOMER'S DETAILS</b>													
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____ D . O . B _____ / _____ / _____														
First Name _____ Last Name _____														
Business Ph _____ Mobile Ph _____														
Home Ph _____ Email Address _____														
Business Name (if applicable) _____ ABN _____														
Account Type <input type="checkbox"/> Business <input type="checkbox"/> Residential Account Number <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
<b>2</b>	<b>SUPPLY ADDRESS DETAILS</b>													
Unit / Shop Number _____ Street Address _____														
Suburb _____ Postcode _____ State _____														
<b>3</b>	<b>DIRECT DEBIT PAYMENT DETAILS</b> Complete either Option 1 or 2.													
<b>1. Payment from your Credit Card</b>														
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard (WINenergy does not accept AMEX or Diners)														
Credit Card Number _____ Expiry Date _____ / _____														
Name on Credit Card _____ <small>(exactly as on card) WINenergy's Merchant Credit CardID is: 325422</small>		Signature of Card Holder <div style="border: 1px solid black; width: 150px; height: 30px;"></div>												
<b>2. Payment from your Financial Institution</b>														
Name of Financial Institution _____		Name of Account Holder _____ <small>(exactly as on account)</small>												
BSB Number _____		Account Number _____												
<small>WINenergy's Direct Debit ID: 325422</small>														
<b>4</b>	<b>DECLARATION</b>													
1. I authorize WINenergy Pty Ltd to arrange for funds to be debited from My account at the financial institution identified and as prescribed through the Bulk Clearing System (BECS). 2. I authorise the Debit User (WINenergy Merchant Credit Card ID: 9615758 & WINenergy Direct Debit ID: 325422) to verify the details of the account above with My financial institution and the Financial Institution to release information allowing the Debit User to verify the account details provided. 3. I agree that direct debit payments will be for the amount of My WINenergy utilities bill including any overdue amounts that may exist. 4. I agree that direct debit payments will occur every month in accordance with My billing period, 14 days after the issue date of that month's billings period. 5. I agree to notify WINenergy of any payment cancellation requests made through the financial institution. 6. (WINenergy Residential Customers Only) I agree to provide WINenergy another payment method when cancelling this direct debit authority.														
Signature	<div style="border: 1px solid black; width: 450px; height: 40px;"></div>	Print Name _____ Position Title _____ Date _____ / _____ / _____												
Signature	<div style="border: 1px solid black; width: 450px; height: 40px;"></div>	Print Name _____ Position Title _____ Date _____ / _____ / _____												
If your bank, credit union or building society account is in joint names, both signatures may be required. If a company, partnership or other organisation, an authorised signatory must sign and print their name and position title.														
For assistance in completing this form, please call 1300 791 970 between 8.30am to 5.30pm Monday to Friday														