



PO Box 5567, Stafford Heights, Qld 4053
Phone: (07) 3866 9100 Fax: (07) 3866 9199
www.ffapaysmart.com.au

Business Name: State:

Ref No: Staff Ref:

☐ New Customer ☐ Renewal of Existing Customer ☐ Change of Details

FFAPaySmart Pty Ltd ACN 117 597 010 AR No. 409047 is an authorised representative of Transaction Services Holdings Limited AFSL 338256 authorised to provide general advice about and issue billing services.

DIRECT DEBIT REQUEST

CUSTOMER DETAILS please use BLOCK LETTERS

Company Name (if applicable):
Customer Name:
Address:
Telephone: (H) (W) (M)
Email Address:

PAYMENT DETAILS

Regular Debit Amount: \$

Commencing on / /

☐ Until Further Notice (min payments)

OR

☐ For payments ONLY

OR

☐ Contract Value \$

PLUS approp. Admin Fee
each debit:

☐ Weekly Admin Fee \$1.30
☐ Fortnightly Admin Fee \$1.95
☐ Monthly Admin Fee \$2.95
☐ Quarterly Admin Fee \$3.95

Variation to First Debit Only
(if applicable):

First Debit Amount:
(Excluding any Admin Fee and/or Set Up Fee)

\$

NOTE: A SET UP FEE of \$5.50 will be added to the first payment only.

Special Conditions:

DIRECT DEBIT FROM BANK ACCOUNT

Bank Name: Branch Account Opened:
BSB Number: Account Number: (Not transaction card #)
Account Holder Name:
(as it appears on bank statement) Given Name/s Surname

I/We authorize FFA PaySmart Pty Ltd User ID 073053 to debit my/our account at the Bank identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details above and as per the Service Agreement provided ☐ Verified by

DEBIT FROM CREDIT CARD

Please charge payments as detailed above to my: (tick one) ☐ Visa ☐ Mastercard ☐ Amex ☐ Diners

Name on Card:
Given Name/s Surname

Note: FFA PaySmart will appear on your credit card statement (Not transaction card #)

Credit Card Number: Expiry Date: / /

By signing below, I understand that a surcharge of 1.6% for Visa and Mastercard and 3.5% for Amex and Diners will be added to each payment (Delete if not applicable)

Due to an upgrade in banking regulations (PCI DSS) we cannot accept this form by EMAIL.
Please POST or FAX original to FFA PaySmart. Alternatively details can be submitted via eDDR in Web Express.
DISTRIBUTION: *WHITE COPY send to FFA PaySmart *YELLOW: Business Copy *PINK: Customer Copy

AUTHORISATION

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/We have read and understand the same

Signature/s of Nominated Account Holder/s

Date / /