



Ezi DEBIT

Direct Debit Request
New Customer Form
Quarterly Payment

JGR TRI 16999

Ph: 1300 46 5225
Fax: 02 8356 9755
Level 5/52-58 William Street
East Sydney NSW 2011



Please print neatly and write the names below exactly as they appear on the Jackgreen Retail Supply Agreement.

Customer Ref: _____ Contact Number: _____

Surname: _____ Given Name: _____
(Or Company / Business Name)

Address: _____

Payment Details

For the total bill amount Quarterly or in accordance with the Jackgreen Electricity Negotiated Customer Supply contract or Market Contract Terms and Conditions

Until Further Notice

Ezi Debit is entitled to recover all payments to Jackgreen under the Electricity Negotiated Customer Supply Contract or Market Contract, including amounts recoverable if a Direct Debit is not authorised.

Fees / Charges

Direct Debit	Waived for Jackgreen customers	Credit Card	2.2% Visa & Mastercard 4.4% Amex , Diners (all cards - Min \$0.99 per transaction)	Set Up Fee	Waived for Jackgreen customers
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Direct Debit from Bank Account, Building Society or Credit Union

Direct Debit is not available on the full range of accounts - if in doubt please refer to your financial institution

Financial Institution: _____ Branch: _____

BSB Number: _____ Account Number: _____

Account Name: _____
(Exactly as it appears on your bank statement)

Credit Card NB: "Ezi Debit" will appear on your Credit Card Statement

VISA MasterCard Diners Amex

Card Number: _____ Expiry Date: ____ / ____

Batch Code / CCV: _____
The Batch Code / CCV is the 3 digit number that appears on the signature panel of your Visa/Mcard or Board and the 4 digit number that appears on the front of your AMEX.

Card Holder Name: _____
(Exactly as it appears on your Credit Card)

Terms and Conditions

- I/We hereby authorize Ezi Debit Australia Pty Ltd to make periodic withdrawals from the Financial Institution specified above on behalf of Jackgreen (International) Pty Ltd (hereafter referred to as "the Business")
- The administration of this agreement is conducted by Ezi Debit Australia acting as billing agent for the Business. The services provided by Ezi Debit Australia are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. I/We request until further notice in writing to direct debit my/our account described above, any amounts which Ezi Debit Australia, **User ID number 165969**, may debit or charge me / us through the Ezi Debit system.
- The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
 - The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request as to future debits.
 - The Debit User and the Business may, by prior arrangement and advice to me / we vary the amount or frequency of future debits.
 - You are advised to verify account details against a recent bank statement and if uncertain you should contact your Financial Institution.
 - It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your Financial Institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your Financial Institution.
 - Any dispute arising from this or subsequent direct debits will be in the first instance directed to the Business. If no resolution is forthcoming you are advised to contact your Financial Institution.
 - We will keep your information about your nominated account at the Financial Institution private and confidential, unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
 - By signing this form I/We agree to give 14 working days notice of cancellation in writing to the Business.
 - I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.
 - I/We authorise the Financial Institution to release information allowing the Debit User to verify the above mentioned account details.
 - I/We Acknowledge that there may be a delay in processing if:
 - There is a public or bank holiday on the day, or any day after the debit date
 - A payment request is received by Ezi Debit on a day that is not a Banking Business Day
 - A Payment request is received after normal Ezi Debit cut off times, being 4pm QLD time Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

This authority is to remain in force in accordance with the Terms and Conditions as described on this page, and I/we have read and understand the same.

Signature(s) of Nominated Account _____ Date ____ / ____ / ____

Ezi Debit Office Use Only A Payment as per form _____ JGI0DDV3 10/05

Date Received: ____ / ____ / ____ Entered By: _____ Reference # _____