



PCYC
Redlands



New Direct Debit Request Amendment to Direct Debit Request iDebit Client Reference
 New Credit Card Authority Amendment to Credit Card Request
 Family ID Alternate Reference

Request and Authority to debit the account named below.

Surname Christian names "YOU"

Postal Address

Mobile Email Address

Please complete **BOTH** Section 1 Direct Debit Request & Section 2 Credit Card Authority

Section 1 Direct Debit Request Primary Secondary

Financial Institution Name BSB Account Number

Address of Financial Institution

Account Holder's Name

Signature of Account Holder Signature of Account Holder

Please note if account is joint both signatures are required

Your request and authorise Indue Limited ("Indue") ABN 97 087 822 464 (User ID 360369) to debit funds from the nominated account identified in this Section 1 through the Bulk Electronic Clearing System ("BECS") in accordance with this Direct Debit Request and the terms and conditions set out in the Direct Debit Request Service Agreement & Credit Card Authority Service Agreement. *You acknowledge and agree that for each Debit Payment Indue debits from your nominated account identified in this Section 1, you will be charged an additional transaction fee of \$0.77. You authorise Indue to debit this additional fee from the nominated account identified above at the same time Indue debits each Debit Payment.*

Section 2 Credit Card Authority Primary Secondary

Credit card details Expiry Date

Cardholder's Name Cardholder's Signature

Your request and authorise Indue Limited ("Indue") ABN 97 087 822 464 to debit funds from the credit card account identified in this Section 2 in accordance with this Credit Card Authority and the terms and conditions set out in the Direct Debit Request Service Agreement & Credit Card Authority Service Agreement. *You acknowledge and agree that for each Debit Payment Indue debits from the credit card identified in this Section 2 you will be charged an additional transaction fee of 1.50% of the total value of your Debit Payment. You authorise Indue to debit this additional fee from the credit card identified above at the same time Indue debits each Debit Payment.*

Section 3 Payment Schedule

First Debit Date First Debit Amount

For any such other amount/s or period/s as directed by you to Indue or the Business from time to time in accordance with the schedule or contract provided by the Business to you. In circumstances where there are insufficient funds in your Account to meet a Debit Payment you authorise Indue to re-process any unsuccessful Debit Payment.

Section 4 Payment Period

Weekly F/nightly Monthly If no payment period is specified then default to weekly.

You acknowledge and agree that you will be charged an initial establishment fee of \$2.20. You authorise Indue to debit this establishment fee from the Account on the First Debit Date.

By signing this Direct Debit Request/Credit Card Authority you acknowledge that you have read and understood the terms and conditions under which debit arrangements are made between you and Indue in this Direct Debit Request/Credit Card Authority and the direct Debit Request Service Agreement & Credit Card Authority Service Agreement and agree to be bound by them.

The definitions of words that are capitalised are explained in the Direct Debit Request Service Agreement & Credit Card Authority Service Agreement.