

Direct Debit Request

Request and Authority to debit the account named below to pay Voipex Pty Limited

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Request and Authority	
to debit	Surname or company name
	Given names or ACN/ARBN("you")
	request and authorise Voipex Pty Limited 222723 to arrange for any amount Voipex Pty Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name and address of financial institution at which account is held	Financial institution name Address
Insert details of account to be debited	Name of account
	BSB number _ -
	Account number
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Voipex Pty Limited as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	☐ The first debit is to be made on the commencement date of the contracted service/s and then on the 1 st business day at monthly intervals after that.
Insert your signature and address	Signature (If signing for a company, sign and print full name and capacity for signing eg. director) Address
	Date//
Voipex Pty Limited PO Box 544 Kotara NSW 2289 Telephone : (02) 49615230 Fax : (02) 49624670	