Direct Debit Request

Request and Authority to debit the account named below to pay
Motion Telecom Pty Ltd
ABN: 34 002 600 876

Please return via one of the below methods:
Phone: 1300 133 399 **Email**: credit@motiontelecom.com.au
Post: PO Box 6170, North Sydney, NSW 2059 **Fax:** (03) 8678 3177

Request and Authority to debit	**Surname or company name** _____ **Given names or ACN/ARBN** _____("you") Request and authorise Motion Telecom to arrange for any amount Motion Telecom 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 **(if applicable)**	**Name of account** _____ **BSB number** |___|___|___| - |___|___|___| **Account number** |___|___|___|___|___|___|___|___|___|
Insert credit card details to be debited **(if applicable)**	**Name of Card Holder** _____ **Card Number** |____|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| **Expiry** ___/___ **Card Type** ☐ MasterCard ☐ Visa ☐ American Express ☐ Diners Card
	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Motion Telecom as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	**Signature** _____ (If signing for a company, sign and print full name and capacity for signing eg. director) **Address** _____ **Date** ___/ ___/ ___ **Motion Telecom Account Number** _____
Email billing	☐ **Yes I would like to set up email billing** **Email address** _____

Did you know by setting up email billing and direct debit, you can save $4.00 off your Motion Telecom Account every month.