



The Mudpit Web Development Company Pty Ltd

14 Charlestown Road New Lambton Heights NSW 2305
Ph/Fax: 02 4956 3195
ABN 58 111 051 355



ABN: 47 110 689 711
Amendment Form

Member Ref: _____ Client ID: 10342

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

Address: _____ Suburb: _____ Pcode: _____

Ph: () _____ Mob: _____ Email: _____

Direct Debit Request (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

What is the name of your bank, and where was the account opened?

Financial Institution: _____ Branch: _____

How does the name appear on your statement?

Account Holder Name(s): _____

BSB Number: _____ Account Number: _____

I/We authorise Payment Technologies Pty Ltd User ID 234072/056112 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Terms and Conditions provided.

Debit from Credit Card

VISA MasterCard Bankcard AMEX Diners

Card Number: _____

CCV / Batch Code: _____ CCV / Batch Code: 3 Digit code on signature panel for Visa/Mcard/Bcard or the 4 digit number on the front of your Amex

Card Holder Name: _____ Expiry Date: ____ / ____

I / We authorise Payment Technologies Pty Ltd, acting on behalf of the business to debit payments from my specified credit card above. I acknowledge that **Payment Technologies** will appear on my credit card statement.

This authority shall stand pursuant to the terms and conditions of any contractual agreement between the customer and business named above. The administration of this authority is conducted by Payment Technologies (Debit User) acting as a billing agent for the business. The services provided by Payment Technologies are administrative only and do not extend to the provision of any service or benefits by the business. This authority shall be interpreted and enforced pursuant to the laws of the State of Queensland.

Signatories of Nominated Account

_____ / _____

Date

____ / ____ / ____

Office Use Only:

A1

Received Date:

Reference No: