

DIRECT DEBIT REQUEST

ABN: 37 652 030 049

Request and Authority to debit the **Account** or **Credit Card** named below to pay **Our Kloud Print Pty Ltd**
 Please scan to accounts.print@ok.com.au or fax back to **1300 900 756** or via post to **PO Box 7352 Alexandria NSW 2015**

<p>Request and Authority to Debit</p>	<p>Surname /Company Name: <input type="text"/></p> <p>Given Names or ABN/ACN: <input type="text"/></p> <p>Request and authorise Our Kloud Print Pty Ltd Direct Debit User ID 492444 to arrange, through its own institution, a debit to your nominated account any amount Our Kloud Print Pty Ltd, has deemed payable by you.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<p>Insert the name and address of financial institution at which account is held</p>	<p>Financial Institution Name: <input type="text"/></p> <p>Address: <input type="text"/></p>
<p>EFT OPTION: Insert details of account to be debited:</p>	<p>Name/s on Account: <input type="text"/></p> <p>BSB Number: <input type="text"/> - <input type="text"/></p> <p>Account Number: <input type="text"/></p>
<p>CREDIT CARD OPTION: Insert details of Credit Card to be debited:</p>	<p>Name on Card: <input type="text"/></p> <p>Card Number: <input type="text"/></p> <p>Expiry Date: <input type="text"/> - <input type="text"/></p> <p>CVV: <input type="text"/></p>
<p>Acknowledgement Payment Details</p>	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangement between you Our Kloud Print Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement. Debits may be made three (3) days after the issue of a billing advice.</p>
<p>Insert your signature</p>	<p>Director's Signature: <input type="text"/></p> <p>Director's Name: <input type="text"/></p> <p>Company Position: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>