



Direct Debit / Credit Card Request Authority Form

COMPANY DETAILS:

ABN (11 Digits) : _____

Company Name : _____

Telephone Number : () _____ Facsimile Number : () _____

Name : _____ E-mail Address: _____
Company Contact (main contact)

Title : _____ Direct Telephone: _____

Name : _____ E-mail Address: _____
Accounts Contact (for payment enquiries):

Title : _____ Direct Telephone: _____

Name : _____ Job Title: _____
Authorised Account Signatory (1):

Name : _____ Job Title: _____
Authorised Account Signatory (2) *where applicable:*

PLEASE SELECT APPLICABLE BOX FOR SERVICES REQUIRED:

Annual Website Subscription: *current pricing available on www.1-stop.biz*

Alerts & Notifications: *current pricing available on www.1-stop.biz*

Annual ComTrac Subscription

- Please select required box. (current pricing available on www.1-stop.biz)*
- ComTrac (Standard) for up to 60,000 alerts per annum.
 - ComTrac (Premium) for 60,001 to 120,000 alerts per annum.
 - ComTrac (Platinum) from 120,001 alerts per annum.

Your annual volumes will be reviewed on the anniversary of your subscription and the price of your subscription renewal for the next year will be automatically adjusted to reflect the previous year's volume. Your account will be debited this amount accordingly.

Important Information for ComTrac users only.

In order to set you up with ComTrac we will require a return email address to send schedule details.

Please enter return email address: _____

Software Provider

Please enter your software provider _____

PAYMENT AGREEMENT / BANK DETAILS:

I/we request that monies due in terms of the repayment arrangements contained in Establishment Contract made

between ourselves on

Insert agreement date here ____/____/____

**date page 2 signed
(Client Agreement Section).*

be drawn under the Direct Debit System from my/our bank account, which is conducted with

Bank Name : _____

Bank Branch (Suburb): _____ Bank State : _____

BSB (6 digits): ____/____/____ Account Number : _____

Account Name : _____

Please complete details on page 2

I/we acknowledge that this Direct Debit Arrangement is governed by the terms of the Client Service Agreement received from 1-Stop Connections, Debit User ID number 217719.

Signature 1

Signature 2

OR

Please charge my / our credit card periodically as indicated in the terms & conditions below. Card details as follows:

Visa Master Card Bank Card

Credit Card Number Expiry

Cardholder's Name

Cardholder's Signature

Note: Payment Frequency

Annual Website Subscription: Annual
Annual Com-Trac Subscription: Annual
Alerts & Notifications Service: Monthly

1-Stop Connections Pty Ltd Pay Plan Terms & Conditions

**Our commitment to you,
Drawing arrangements:**

Subscription (Website & Com-Trac)

The Subscription amount will be drawn yearly (direct debit / credit card option) on the commencement date or month of your subscription for the annual amount stipulated on the 1-Stop web site at the time the amount is to be drawn and authorised in the Direct Debit/Credit Card Request Authority Form. Subscriptions are deemed to be taken up on an annual basis.

Transactions (Alerts & Notifications)

For transactions the amount drawn each month will change depending on the transaction usage. The minimum monthly amount drawn is twenty dollars (\$20.00) for one (1) or more transactions. The frequency will be monthly. We will advise you by email when an invoice is available 14 calendar days prior to the automatic payment draw date. Where the due date falls on a non-business day, we will draw the amount on the next business day.

We reserve the right to cancel the 1-STOP CONNECTIONS Pay Plan drawing arrangements and access to our services if one or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate electronic payment method. You will be given 14 days to correct any unpaid amount before any service is cancelled. An administration fee of 10% may also be charged for each drawing returned unpaid.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights:

You may terminate the 1-STOP CONNECTIONS Pay Plan drawing arrangements by giving written notice directly to us, or through your nominated Financial Institution at least 1 month prior to the due date of your subscription annual renewal.

Where you consider that a drawing has been initiated incorrectly [outside the 1-STOP CONNECTIONS Pay Plan arrangements] you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

**Your commitment to us,
Your responsibilities:**

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the 1-STOP CONNECTIONS Pay Plan drawings is transferred or closed.

It is your responsibility to arrange with us a suitable alternate payment method if wish to change the 1-STOP CONNECTIONS Pay Plan drawing option.

Signature _____ Date ____/____/____