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| **Direct Debit Request Form** |
| This form is your request to pay the total amount of your energy bills automatically from your credit card.Issued by benergy. |
| You can return this form by:  |   |   |   |   |   |   |   |   |
| Post: 143 – 145 Clarendon St, Southbank, VIC 3006 |
| Email: admin@benergy.net.au (scanned or picture of signed form) |  |  |  |  |
| **Section 1: Personal Details** |
| Name of Customer / Customers  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |
| Address: |  |  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   | Phone: |   |   |   |
|   |   |   |   |   |   |   | Mobile: |   |   |   |
|   |   |   |   |   |   |   | Email: |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |
| **Section 2: benergy Details** |  |  |  |  |  |  |  |  |
| Address of property for which your energy account will be paid by direct debit |
|   |   |   |   |   |   |   | Customer ID: |   |   |
|   |   |   |   |   |   |   | Reference No: |   |   |
| **Section 3: Direct Debit Details** |  |  |  |  |  |  |  |  |
| Direct Debit Payment from Credit Card: |
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 | Visa |  | Master Card |  |  |  |  |  |  |
| Credit / Debit Card Number: |  |  |  |  |  | Expiry Date: |  |
|   |   |   |  |   |
| Name as shown on the card: |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |
| Card holder's Signature: |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
| **Section 4: Declaration** |  |  |  |  |  |  |  |  |
| If you choose to pay your bills by direct debit from a credit card: You agree that benergy Direct Debit Payment Arrangement Conditions will apply to you. You acknowledge reading the Direct Debit Payment Arrangement Conditions and agree to its terms. |  |  | By signing below you give your explicit informed consent to this payment arrangement including that the direct debit payments: will be for the amount of your energy bills; will take place at least once every month, in accordance with your billing period; and will occur automatically on the due date of your bill or 7 business days prior to the due date. |
|  |  |
|  |  |
|  |  |
| Signature: |  |  |  |  |  | Signature: |  |  |
|   |   |   |   |  |  |  |   |   |   |   |
|   |   |   |   |  |  |  |   |   |   |   |
| Name: |   |   |   |  |  |  |  |  |  |  |
| Date: |   |   |   |  |  |  |  |  |  |  |