

DIRECT DEBIT REQUEST

Request and Authority to debit the **Account** or **Credit Card** named below to pay **AERA BILLING PTY LTD**Please scan to **accounts@aera.com.au** or fax back to **1300 900 756** or via post to **PO Box 7352 Alexandria NSW 2015**

Request and Authority to Debit	Surname /Company Name: Given Names or ABN/ACN: Request and authorise Aera Billing Pty Ltd Direct Debit User ID 492444 to arrange, through its own institution, a debit to your nominated account any amount Aera Billing Pty Ltd, has deemed payable by you. 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.
Insert the name and address of financial institution at which account is held	Financial Institution Name: Address:
EFT OPTION: Insert details of account to be debited:	Name/s on Account: BSB Number: Account Number:
CREDIT CARD OPTION: Insert details of Credit Card to be debited:	Name on Card: Card Number: Expiry Date: CVV:
Acknowledgement Payment Details	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 and Aera Billing 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.
Insert your signature	Director's Signature: Director's Name: Company Position: Address: Date:

HEAD OFFICE

SYDNEY

BRISBANE

MELBOURNE

MELBOURNE

ATHENS

Level 4, 82 Elizabeth St Sydney, NSW, 2000 4 Birmingham St, Alexandria NSW, 2015

L22, 69 Ann Street Brisbane, QLD 4000 South Rialto Tower, S17, L27, 525 Collins Street, Melbourne VIC 3000 S21 / L3, 799 Springvale Rd, Mulgrave VIC 3170 Vouliagmenis Avenue 99, Athens, P.C. 11636, 3rd floor