

DIRECT DEBIT REQUEST

Request for debiting amounts for payments to Networks Broadband and Mobile Communications

Please note: Customers can complete the following form online via http://www.nbmcom.com.au/direct-debit-form.html

Customer Care: 1300-735-393 Po Box 856 North Sydney NSW 2059 Networks Broadband and Mobile Communications Pty Ltd. ABN 50 164 921 671 **APPLICANT DETAILS** Customer/Company Name: Customer No (if applicable) Site Address Suburb: State Postcode: Customer Contact: Phone: Mobile: **PAYMENT METHOD** Direct Debit from Bank Account OR Debit From Credit Card (Complete Schedule 1) (Complete Schedule 2) Direct Debit Request and Authority To Debit the account named below to pay Networks Broadband and Mobile Communications Pty Ltd Company Name, Trading Name or Surname: ABN or Given names request and authorise Networks Broadband and Mobile Communications Pty Ltd ABN 50 164 921 671("Networks Broadband and Mobile Communications") to arrange for any amount Networks Broadband and Mobile Communications may debit or charge as specified below and subject to the terms and conditions of this Direct Debit Request. This Direct Debit Request allows for Networks Broadband and Mobile Communications to debit the nominated account until further notice in writing through the Bulk Electronic Clearing System held at the financial institution identified below, subject to the terms and conditions of the Direct Debit Request Service Agreement a copy of which I have received read and understood, and any further instructions provided below. Debits may be made fourteen days after the issue of a billing advice. Schedule 1: Institution: Branch: Account:BSB: Name Of Account Number ACKNOWLEDGEMENT: By signing this Direct Debit Request I/We acknowledge having read and understood the terms and conditions governing the debit arrangements between Networks Broadband and Mobile Communications and me/us as set out in this Request and in your Direct Debit Request Service Agreement. I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement. I/We confirm account details are correct and that this request is signed by required number of authorised signatories. Signature of Applicant One: Date: Signature of Applicant Two: (if applicable): Date:



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Schedule 2:

CREDIT CARD DETAILS: By providing this information you are authorising Networks Broadband and Mobile Communications to process payments using the following credit card details foryour monthly charges for the Services.

Cardholders Name:]
Cardholders Signature		
Credit Card Number:		
Card Type:		
Expiration Date:		
	iners Club cards accepted. A surcharge of 3.75% (plus s. A surcharge of 2% (plus applicable GST) applies to p	

PLEASE NOTE:

A copy of the Direct Debit Request Service Agreement can be found at http://www.nbmcom.com.au/direct-debit-form.html

Please return this form by either; Fax number: 02 9460 4179 or Mail: Po Box 856 North Sydney NSW 2059