

Payment Variation Form

Client Details

Facility Name: _____

Debitsuccess Reference No: _____

Customer First Name: _____

Customer Last Name: _____

Alter Debit Amount

Current Debit Amount: \$ _____.

New Debit Amount: \$ _____.

Frequency:
(Please circle one only)

One Off Payment

Weekly

Fortnightly

Four Weekly

Monthly

Quarterly

Date on which to first debit new amount*

___ / ___ / ___

Change of Account

Debit from Credit Card

Card Type: _____

Name on Card: _____

Card Number: _____

Expiry Date: ___ / ___ / ___

Debit from Bank Account

Bank: _____

Branch: _____

Account Name: _____

Account Number: _____

Suffix: _____

Variations with Credit Card details
must be faxed to 09 522 8842

Variations with Bank Account details
must be faxed to 0800 480 1401

Other alterations to account requested

These variations will be implemented by DEBITSUCCESS prior to the next debit date if received at least 3 working days prior to that date. All of the other terms of the original contract to which this variation relates shall remain unchanged.

Signed by Customer: _____ Date: ___ / ___ / ___

Signed by Witness (staff): _____

*** This date will determine the debit dates from thereon regardless of previous instructions. Any debits due prior to this date will be made in accordance with current instructions.**

The issuer of the billing service is Debitsuccess Pty Ltd (ABN 32 095 551 581). Debitsuccess is an Authorised Representative (AR 407894) of Transaction Services Holdings Limited (AFSL 338256).