## **Customer Direct Debit Authority**



Merchant name Child Cancer Foundation	
Merchant number   2   0   3   6   8	Plan ID
Create new plan Update current plan	
1. Customer Details	2. Plan Details
Customer reference	Plan Details:
First name     Last name	Recurring Type     Frequency       Start date     Oweekly     Fortnightly     Monthly
Company name (Optional)	Quarterly Annually
Email	Amount \$
Contact Number ( )	Installment Type
Billing Address	Start date     Prequency       D     M     M     Y     Y     Y     Weekly     Fortnightly     Monthly
Street address/PO Box	Quarterly Annually
Apartment, suite, unit, etc.	Amount \$ Total to pay \$
Suburb/City/Town State/Region	<b>Per Invoice</b> The amount and frequency is set by the merchant
Country Postcode	<b>Deposit</b> The first payment (or prepayment), at the start of the plan. Date
	D         D         M         Y         Y         Y         Y           Amount \$         Image: Second seco

## 3. Payment Details

Name of financial institution				Initiator's Authorisation Code
Name of account holder Account number		3 8 0 0 2 3 9 Approved		
			Bank Branch number Account number Suffix	
Information to appear on my/our bank statement				
Particulars		Re	ference	
From the acceptor to their bank:				
I authorise you to debit my account with the amounts of d authorisation code specified on this authority, in accordance				as the initiator), with the
l agree that this authority is subject to:				
• the bank's terms and conditions that relate to my accour	nt,			
• and the specific terms and conditions listed below.				
Authorised signature(s):				
Signature of person authorised for this account	Signature of joint account holder (if applicable)			
Name of person authorised for this account	Name of joint account holder (if applicable)		older (if applicable)	
Specific conditions relating to notices and disputes				
<ul> <li>I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:</li> <li>I do not receive a written notice of the amount and date of each direct debit from the initiator, or</li> </ul>		3.	If my bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the merchant is not required to notify me a second time of the amount and date of the direct debit.	
<ul> <li>I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.</li> <li>The merchant is required to give me written notice of the amount and date of each direct debit no less than 2 calendar days before the date of the debit. Or for a series of direct debits, the written notice is to be given 2 calendar days before the first direct debit. The notice is to include the dates of the debits, and the amount of each direct debit.</li> </ul>		4.	Flo2Cash acts as a payment processing agent for the merchant (the business to whom my payments will be made) and has no express or implied liability in relation to the goods and services provided by the merchant or the terms and conditions of any agreement that I/we have with the merchant.	
		5.	Flo2Cash is not responsible for any fees that may be charged to me/us by either the merchant or the bank.	