

AUTHORITY TO ACCEPT RECURRING CARD PAYMENTS

Account Name _____

Account Number

Card Type



Card Number

Expiry Date

____/____/____

Cardholders Name

Cardholders Signature

Customer Authorisation

I (hereinafter referred to as the Customer) authorise you (hereinafter referred to as the Initiator), until further notice in writing, to debit my card number as detailed above (the "Nominated Card").

I acknowledge and accept that the Initiator accepts this Authority only upon the conditions of the reverse of this form or below.

CONDITIONS OF THIS AUTHORITY TO ACCEPT RECURRING CARD PAYMENTS

1. The Initiator agrees:
 - (a) To give advance written notice (including by electronic means and SMS where the Customer has provided prior written consent to communicate electronically) to the Customer in the form of a schedule of the payment dates and the net amounts to be debited to the Nominated Card.
 - (b) In the event of any subsequent change to the frequency or amount of the debits to the Nominated Card, the Initiator has agreed to give advance written notice of at least 30 days to the Customer before the changes comes into effect.
2. The Customer may:
 - (a) At any time, terminate this Authority by giving written notice of termination to the Initiator.
3. The Customer acknowledges that:
 - (a) This Authority will remain in full force and effect in respect of all amounts to be debited to my Nominated Card in good faith notwithstanding my death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Initiator.