



Zakat Fund



Direct Debit Request

Tel: 1300 730 693
Fax: 02 9759 4455

Get Paid On The Dot
ABN 67 096 902 813

New Customer Form

Customer Reference: UMA INC 20048

Surname: (Or Business Name) Given Name:

Mobile Ph: I authorise Ezi Debit to remind me of upcoming debits via SMS.

Email:

Debit Arrangement / Payment Details

And/Or the total amount billed for the specified period for this and any other subsequent agreements or amendments.

1. **Once Only Debit** Date: Debit \$.

D D M M Y Y Y Y

2. **Regular Debits** Date: Debit \$.

D D M M Y Y Y Y

3. **Debit Frequency** Weekly Fortnightly Monthly (Default) 4 Weekly

4. **Debit Duration** Continue regular debits Until Further Notice (Min. Payments) (Default)

Until I have Paid: Regular Debits

Fees / Charges

Administration Fee:	Paid by UMA	Transaction Fee:	Paid by UMA	Credit Card Fee:	Visa/Mastercard Amex/Diners	Paid by UMA	4.4% (min \$1.10)	SMS Payment Reminder:	\$0.28
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Debit from Bank, Building Society or Credit Union Account

Direct Debit is not available on the full range of accounts
- if in doubt please refer to your financial institution

Financial Institution: Branch:

BSB Number: - Account Number:

(9 Digits MAX)

Account Holder Name(s):

I / We authorise Ezi Debit Australia Pty Ltd User ID 165969 to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above and as per the Service Agreement provided.

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number:

Expiry Date: /

Card Holder Name:

By signing this form, I / We authorise Ezi Debit Australia Pty Ltd, acting on behalf of the business to debit payments from my specified credit card above, and I / we acknowledge that Ezi Debit Australia will appear as the business name on my credit card statement.

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/we have read and understand the same.

Signature(s) of Nominated Account

Date / /

D D M M Y Y Y Y

Office Use Only:

S1

Received Date:

Reference No:

Ver 1.0

COMPLETE USING BLACK INK ONLY