

# Direct Debit Request Form

To be completed and returned to Montimedia only where written authority is required.



montimedia

## Customer Details

Commencing Direct Debit     Changing Account Details

Username/Account Number \_\_\_\_\_

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Your street address  
\_\_\_\_\_  
\_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

## Direct Debit Account Details

Visa     Mastercard     AMEX (3% Surcharge)

Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

CSV # \_\_\_\_\_

Cardholder name (as printed on card):  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature:  
\_\_\_\_\_  
\_\_\_\_\_

## Authority

Authority to Direct Debit

(Card Account holder(s) to complete)

I/we \_\_\_\_\_

1. I hereby authorise Montimedia to debit my card for communication services such as connection fees, monthly charges, usage and incidental charges where applicable, from my/our account at the Financial Institution identified.
2. Agree that an electronic reproduction of this document, or any other information in this document, will have the same legal effect as the original of this document.

Please ensure account details are correct and that this request is signed by the required number of authorised signatories.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Please complete all sections of this form and return it to Montimedia via fax (03) 8610 0391 or by post to PO Box 354 Daylesford VIC 3460

→ For assistance with this form, call us on 1300 79 49 69

→ For pricing details, refer to our Pricing Schedule or Website [www.montimedia.com.au](http://www.montimedia.com.au)