Direct Debit Authorisation Form

Account Holder Details

Full Name:

Mailing Address:

Contact Number:

Email Address:

Date of Birth: DD / MM / YYYY

Authorised Representative Details

[to be completed if an Authorised Representative is completing the form on the Account Holders behalf]

Full Name:

Street Address:

Suburb: State: Postcode:

Mailing Address:

Contact Number:

Email Address:

Date of Birth: DD / MM / YYYY

Account Details

NeoGrids Account Number:

Serviced Provided by NeoGrids: Electricity ☐ Hot Water ☐ Other ☐

Premise Street Address:

Suburb: State:

Postcode:

Bank Account Information

Name of Financial Institution: _____

Account Name: _____

BSB Number: _____

Account Number: _____

OR

Credit Card Information

Card Number: _____

Expiry Date: [DD / MM / YYYY]

Card Holder Name: _____

Authorisation Details
(please select the appropriate option below)

I, [**Account Holder or Authorised Representative**   ], authorise NeoGrids to debit my account as detailed above for the following payments:

Amount to be Debited

☐ Fixed Amount [Smoothpay] $ _____

☐ Variable Amount *(debit invoice amount on due date)*

Payment Frequency

☐ Weekly

☐ Fortnightly

☐ Monthly

☐ Invoice Due Date *(if variable amount is selected)*

First Payment Date or Date after which Payments can be deducted: DD / MM / YYYY

Customer Acknowledgment

By signing this form, I [**Account Holder or Authorised Representative**] acknowledge that:

1. Authority to Debit: I have read and understood the Direct Debit Service Agreement provided by NeoGrids and authorise NeoGrids to debit the nominated account through the Direct Debit system.

2. Changes to Direct Debit: I will notify NeoGrids in writing of any changes to my account details or cancellation of this request at least 10 business days prior to the next scheduled debit.

3. Sufficient Funds: I ensure that sufficient funds will be available in the nominated account to cover the debit on the due date.

4. Dispute Resolution: I agree to resolve any dispute or query relating to this debit directly with NeoGrids.

Signature

By signing below, I confirm that I am an authorised account holder/representative of the bank account/credit card specified above and that I have read and agreed to the terms outlined in the NeoGrids Direct Debit Policy.

Signature:

Date: DD / MM / YYYY

Submission Instructions

Email: support@neogrids.com

Mail: NeoGrids Customer Support

Level 19, 180 Lonsdale Street,

Melbourne VIC 3000