



## Acenet Internet Payment Authority

### Customer Details

Company (if applicable): \_\_\_\_\_  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Applicable Accounts

Select which accounts this payment authority is to be applied to by marking the appropriate box clearly with an **X** (Example, ).

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Unlimited Dialup   | Email address: _____ |
| <input type="checkbox"/> ADSL Broadband     | Email address: _____ |
| <input type="checkbox"/> Wireless Broadband | Email address: _____ |
| <input type="checkbox"/> Domain Hosting     | Domain name: _____   |

### Payment Option

Select your Payment Option by marking the appropriate box clearly with an **X** (Example ).

I would like to arrange payment when invoiced by Cheque, Money Order, Direct Deposit or Credit card. I have included the first payment for three months access and any initial setup fees.  
*(Your account will be invoiced quarterly in advance)*

I authorise Acenet Internet Services to debit my bank account, as supplied on overleaf Direct Debit form, for the initial setup fees and ongoing monthly fees including any excess traffic fees or other charges associated to the accounts above.  
*(Please complete Direct Debit form overleaf)*

I authorise Acenet Internet Services to automatically debit my credit card for the initial setup fees and ongoing monthly fees including any excess traffic fees or other charges associated to the accounts above.

Card Type:  Visa Card  MasterCard

Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Card Holders Name: \_\_\_\_\_ Expiry Date:       /      

Card Holders Signature: \_\_\_\_\_ Verification number\*: \_ \_ \_

\* This is found on the back of the credit card; please enter only the last three digits.

### Authorisation Agreement

I authorise Acenet Internet Services, to invoice and charge my accounts (indicated above) by the Payment Option selected.

I understand that this authorisation is effective immediately and can be terminated by written notice thirty (30) days prior to the renewal date of the specific account.

Signature: **X** \_\_\_\_\_

Date:       /       /



## Direct Debit Request Form

### Customer Details

Company Name *(if applicable)*: \_\_\_\_\_ ABN / ACN: \_\_\_\_\_  
Mr / Mrs / Ms / Other: \_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

By signing this document, I/we authorise Acenet Internet Services (84 010 690 490) Debit User Number 259337, the Debit User, to debit my/our account, detailed in the Schedule below, with any amount, through the Direct Debit System, I/we must pay you when due under the arrangement between us.

This authority is to remain in force until further notice.

### The Schedule

Financial Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Title: \_\_\_\_\_ *(Example: Fred & Wilma Smith)*  
BSB Number:                    - - - - -  
Account Number:               - - - - -  
Payment Details: \_\_\_\_\_

### Customer Authorisation

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date of Authorisation:    /    /