Automatic Credit Card Payment Form

Please complete, sign and return this form if you would like your monthly payments to Pivit Pty Ltd to be periodically withdrawn from your credit card account.

Customer Details

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Other_____
First Name	
Last Name	
Organisation	
ACN/ABN	

Phone

Daytime	
Home	
Mobile	

Address

Street			
Suburb			
State	QLD	Postcode	

Credit Card Details

Type	☐ Visa ☐ MasterCard
Card Holder	

Credit Card Number

Credit Card Expiry

/

Credit Card Verification Number

3 digits on back of card

Payment Agreement

I authorise and request the debit user detailed below to debit payments from my nominated credit card account, specified above, at intervals and amounts as directed by Pivit Pty Ltd as per the Terms and Conditions of the Pivit Pty Ltd agreement and any subsequent agreements.

Credit Card Holder Signature

Please Print Name

Dated

/ /

Terms & Conditions

I/We hereby authorise Pivit Pty Ltd to make periodic withdrawals from the credit card specified. The administration of this agreement is conducted by Paycorp Australia acting as billing agent for the Business. The services provided by Paycorp Australia are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. I/We request until further notice in writing to direct debit my/our account described above, any amounts which Pivit Pty Ltd, may debit or charge me/us through the Paycorp system.

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me/we vary the amount or frequency of future debits.
4. You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.
5. It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution.
6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.
7. We will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
8. By signing this form I/we agree to give 14 working days notice of cancellation in writing to the Business.
9. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.
10. I/We authorise the Financial Institution to release information allowing the Debit User to verify the above mentioned account

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