



## Credit Card Direct Debit Authority

### Customer Details

Account Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Work Pone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email for Remittance: \_\_\_\_\_

### Credit Card Direct Debit Payment Detail

Please Circle:

Visa

MasterCard

Card Number:

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Expiry Date:

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CCV:

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Card Holders Name: \_\_\_\_\_

- I understand that it is my responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date which will be the Friday after Monday Invoice sent.
- I understand that it is my responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.
- I understand that it is my responsibility to advise Cheforce if the Credit Card nominated by you to receive the drawings is transferred or closed.
- I understand that it is my responsibility to arrange with Cheforce a suitable alternate payment method if the drawing agreements are cancelled either by you or the nominated Financial Institution.
- I Authorise Owen Morgan Enterprises Pty Ltd T/A Cheforce to debit my Invoice amount on the Friday following Inv sent on the Monday.
- **I understand my payment will incur a 1.95% surcharge fee for Visa & Mastercard payments, to cover the bank fee cost per transaction to Cheforce.**
- I/We have read and fully understand the conditions of the Credit Card Direct Debit Agreement.

Credit Card Account Holders Signature:

X

Date: