



ATTN **SPECTRUM CONSUMABLES** CUSTOMERS

DIRECT DEBIT

NOW AVAILABLE

You asked for it, you got it! Spectrum Consumables is improving our service again... We are pleased to announce that we can now process your payments faster, more accurately and more conveniently via **EzyPay Direct Debit Facilities**.

Please complete the application form on the next page and fax it to us on:

Fax # (02) 9416 0627

Form is also available as a PDF on www.spectrumconsumables.com.au.

Benefits of EzyPay Direct Debit

- No manual payments required = less paperwork
- No accidental order stoppages due to overdue payments
- Faster, faster! Less time is spent by you processing payments, freeing up your time to work on your business.



ALSO REMEMBER – Payments via Credit Card Authorisation is available – see www.spectrumconsumables.com.au for application forms.

Spectrum Consumables Pty Ltd
PO Box 62
Gordon NSW 2072

Tel 02 9416 0623
Fax 02 9416 0627

A.C.N 134 448 472



Direct Debit Request Form - new customers only
Please use BLACK (Preferable) / BLUE BALL POINT PEN. * Compulsory field

Principal Name: **SPECTRUM CONSUMABLES P/L**

Section A - CUSTOMER INFORMATION

Company Name:

* First Name:

* Surname:

* Address Line 1:

Address Line 2:

* Suburb: * State: * P/C:

* Phone (M): Phone:

* Email:

Office Use Only:

Store Code:

Store Ref:

Section B - PAYMENT INSTRUCTION

IMPORTANT

Fees and charges may apply.
Please allow 5 working days for processing after the form is received by Ezypay

Section C - PAYMENT METHOD (please select Bank Account or Credit Card)

Name of Institution e.g. ("Commonwealth Bank"):

Suburb where branch is located:

Name of Account Holder(s):

BSB Number: -

I / we authorise Ezypay Limited APCA User ID Number 064323 to debit my / our accounts at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS)

Section D - AUTHORISATION

This authorisation is to remain in force in accordance with the Terms and Conditions on this page and on the reverse side which I/we have read and understood.

DO NOT MARK THIS BOX
EZYPAY REFERENCE NO

1. 2. - -

Signature of cardholder(s) or account holder(s)

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