

# DIRECT DEBIT AMENDMENT FORM

Please fill in capital letters, and avoid contact with edge of the boxes provided

image  
Flo2Cash System Reference  
Version: V6

Merchant Name:Salbro

Merchant Id:22146

Plan Id (REQUIRED):

## A. CUSTOMER DETAILS

First name:  Last name:   
Company Name:   
(if applicable)  
\*Address:  Post Code:   
\*Email:   
\*Phone: Home  Work  Mobile

## B. DEBIT ARRANGEMENTS/PAYMENT DETAILS

Debit Start Date:  Amount per Debit:   
☐ Continue regular debits until further notice  
Debit Duration: ☐ Until I have paid a total balance of \$   
☐ Amount, frequency and duration will be as per merchant invoice  
Debit Duration: ☐ Weekly ☐ Fortnightly ☐ Monthly

## C. DIRECT DEBIT AUTHORITY

Name of Account Holder:   
Bank Branch:   
Address (PO Box):   
Town/City:   
Bank Account Number:

**AUTHORITY TO ACCEPT  
DIRECT  
DEBITS**  
(Not to operate as an agreement or  
assignment)  
**Authorisation Code**

I authorize you to debit my account with the amounts of direct debits, with the authorization code specified on this authority, from Flo2Cash Limited on behalf of (Merchant Trading or Business name)in accordance with this authority until further notice. I agree that this authority is subject to:- • my bank's terms and conditions that relate to my account, and the specific terms and conditions which can be referred to on the reverse of this form.

Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_