



## Australian Solar Quotes



ACN 096 902 813 | AFSL 315388

## DIRECT DEBIT REQUEST

1 300 309 854  
www.unitednations.org/peacekeeping  
PO Box 2043  
Nairobi, Kenya CP 01000

## NEW CUSTOMER FORM

## YOUR DETAILS |

**Please complete this form using a BLACK PEN, \* Indicates a MANDATORY FIELD**

**Business:** Ludovico Pty Ltd

ABN/ACN: 97 149 751 888

ASO TRG 37533

**Customer Reference:**

\*Surname: Hiette

\*Given Name: Christopher

\*Mobile #: 0447 798 101

☒ I authorise Ezidebit to remind me of upcoming debits via SMS.

\* Email: [chrishiette@imalekky.com.au](mailto:chrishiette@imalekky.com.au)

\*Address: 5/95-101 Duckworth Street.

\*Suburb: Garbutt

**\*State:**

QLD

**\*Postcode:**

4 8 1 4

## DEBIT ARRANGEMENT

Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Exdebit

I/We authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969, 303909, 301203, 234040, 234072, 428198) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Ludovico Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.4).

**Administration Fee**      **Paid by**  
(once only):              **business**

Bank Account Paid by  
Transaction Fee: business

**Credit Card  
Transaction Fee:**

VISA/MasterCard: Paid by business  
AMEX/Diners: Paid by business

Optional SMS Payment Reminder	Paid by business
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## CHOOSE YOUR PAYMENT METHOD

## Debit from Credit Card

☒ VISA    ☐ MasterCard    ☐ AMEX    ☐ Diners

Card Number: 4 5 6 4 8 0 7 0 0 6 7 7 0 7 9 4 Expiry Date: 1 1 / 1 4  
M M Y Y

Name of Cardholder: C h r i s t o p h e r . H i e t t e

By signing this form, I/We authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/We acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/We agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

☐ Debit from Bank, Building Society or Credit Union Account

Financial Institution:

Branch:

BSB Number:

Account Number:

Account  
Holder Name\*

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.4) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.4) and I/We have read and understand same.

Signature(s) of  
Nominated Account:

Date: 0 8 / 1 1 / 1 3  
D D M M Y Y

DDR Service Agreement (Ver 1.4)