



Return to:

Next Business Energy Pty Ltd
PO Box 1196, North Sydney, NSW, 2059
directdebit@nextbusinessenergy.com.au

Request and Authority to debit the account named below to pay **Next Business Energy Pty Ltd**

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

Your Next Business Energy Account Number/s _____

Request and authorise Next Business Energy 475169 to arrange, through its own financial institution, a debit to your nominated account any amount **Next Business Energy**, has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of account to be debited

Name/s on account _____

BSB number (Must be 6 Digits) |_|_|_|_|_| - |_|_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Next Business Energy** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ___/___/___

Second account signatory (if required)

Signature _____

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address _____

Date ___/___/___

Credit Card Details

Direct debiting to credit cards does not form part of procedures governed by the Bulk Electronic Clearing System. Refer to procedures detailed in your cardholder terms and conditions provided by your Financial Institution.

Cardholder Name _____

Card Number _____

Expiry Date ___/___/___

Card Type Visa MasterCard Amex

Cardholder Signature _____

Payments made by Visa or MasterCard incur a processing fee of .77%(incl. GST) of the total payment amount. Payments made by AMEX incur a 1.95% fee (incl. GST).