



SUBSCRIBER PAYMENT AUTHORISATION AUSTRALIA

Personal Details Contract No. _____ Surname _____ Given Names _____ Street Address _____ Suburb _____ State _____ Post Code _____ Home Phone _____	Authority to Direct Debit I/We request and authorise Connect TV Pty Ltd to direct debit the account nominated and in accordance with the Schedule below on behalf of Connect TV Pty Ltd , through the Bulk Electronic Clearing System. This authority is to remain in force until the account is paid in full. Debit User ID No. _____ <u>Schedule:</u> The amount of your reoccurring debit may vary, depending on the product or service selected. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> No. of Debits: Continuous </td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;"> DDR Instalment <input type="checkbox"/> \$69.00 or <input type="checkbox"/> \$84.00 </td> <td style="width: 33%; padding: 5px;"> Frequency: Monthly </td> </tr> </table>	No. of Debits: Continuous	DDR Instalment <input type="checkbox"/> \$69.00 or <input type="checkbox"/> \$84.00	Frequency: Monthly
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<p style="text-align: center;"><u>Credit Card Details:</u></p> Credit Card No: _____ Expiry Date: _____ Card Type (V/M): _____ Name on Card: _____	<p style="text-align: center;"><u>Bank Account Details for Direct Debit:</u></p> Bank A/c Name: _____ BSB: _____ Bank A/c No: _____ Institution: _____			

Signed by the Subscriber: **Date:** __ / __ / 2 0 0 __