



Application to Increase Maximum Debit Value

Please complete and submit this form, allowing 5 working days to process, to:

Email: help@ezypay.com

Mail: Level 1, 477 Pitt Street, Sydney NSW 2000

Answer all questions clearly in black pen

1. Principal Details

Principal Name: _____

Principal ID Number: _____ ABN / ACN: _____

Business Address: _____

Suburb: _____ Post Code: _____

Owner / Directors Name/s:

1.Name: _____ E-mail: _____ Ph: _____

2.Name: _____ E-mail: _____ Ph: _____

3.Name: _____ E-mail: _____ Ph: _____

(Please append any other details)

2. Please answer the following questions:

1. What would you like your maximum debit value to be? \$ _____

2. Why do you need this value? _____

3. What is going to be your average debit value? \$ _____

4. Do your customers complete and receive a copy of your agreement outlining their payment obligations and the terms and conditions of the services/goods you provide?

Yes / No Comments: _____

3. Information to Provide:

Provide clear and readable copies of the below information and submit with this form. If previously provided, these will already be on file- if unsure re-send. Please note: missing information will delay the process.

- ☐ Copy of bank statement used for Ezypay distribution (of funds) Copy of owners / directors drivers licence
- ☐ Copy of business certificate of registration
- ☐ Copy of any new / additional owners / directors drivers licence **Mandatory**
- ☐ Copy of your customer agreement (as per question 4 in section 2) **Mandatory**

4. Authorisation:

By signing this Increase in Maximum Debit Value I/we acknowledge that the Services are provided subject to Ezypay's Terms and Conditions and I/we have signed this maximum debit value subject to the Terms and Conditions. I/We acknowledge that my/our Agreement with Ezypay shall recommence for an Initial Term of twenty four months and will then continue for future terms of that same period unless terminated by me/us in accordance with Ezypay's Terms and Conditions.

You will be required to sign a Directors Guarantee below and you may be subject to a rate review, any changes to rates will need to be approved and signed by yourself before any increase in debit value will take effect.

Owner / Directors Name/s:

Name: _____ Signatory: _____ Date: __/__/__

Name: _____ Signatory: _____ Date: __/__/__

Name: _____ Signatory: _____ Date: __/__/__