



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 3, 9 Help St, Chatswood NSW 2067

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 Ezy pay'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 Ezy pay 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 Ezy pay'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: __/__/__

Guarantor

This section must be completed and signed by the owner, director or departmental head if a council or government department.

Guarantor's Name: _____

Guarantor's Address: _____

Suburb: _____ State: _____ Postcode: _____

Direct Line: _____

Industry: _____

I personally guarantee the performance and observance by the Principal of all its obligations under the Agreement including the payment by the Principal on demand of any monies owing to Ezy pay by the Principal under the Agreement and also including the indemnities provided by the Principal to Ezy pay under the Terms and Conditions. I acknowledge and understand that, if the Principal breaches the Agreement, Ezy pay may sue me personally for any monies or damages owed under the Agreement whether or not Ezy pay has sued the Principal.

Sign: _____ Date: __/__/__

Witness: _____ Date: __/__/__