

Direct Debit Request Form

Request and Authority to debit the Account or Credit Card indicated below to pay Pivotel New Zealand Limited

Pivotel New Zealand Limited



SECTION 1 - YOUR DETAILS

PIVOTEL MOBILE NUMBER (OR ACCOUNT NUMBER FROM BILL)

SURNAME OR COMPANY NAME ("YOU"):

GIVEN NAMES OR ABN/ACN:

Complete Section 2 to Direct Debit from your Credit Card.

SECTION 2 - CREDIT CARD AUTHORITY

You request and authorise Pivotel New Zealand Limited, NZBN 9429033338835 to arrange for any amount Pivotel New Zealand Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from the credit card identified below subject to the terms and conditions of the Direct Debit Request Service Agreement. This authority is to remain in force until further notice.

DETAILS OF CREDIT CARD TO BE DEBITED (PLEASE TICK ONE) :

VISA MASTERCARD AMEX

NAME AS PRINTED ON THE CARD

CARD NUMBER

 - - -

EXPIRY DATE

 /

CCV

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

ACKNOWLEDGEMENT

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and Pivotel Satellite Limited as set out in this Direct Debit Request. PAYMENT DETAILS: Debits will be made seventeen (17) days after the date of issue of your bill.

PAYMENT DETAILS

Debits will be made seventeen (17) days after the date of issue of your bill.

SIGNATURE

DATE

ADDRESS

If you have any questions or need assistance in completing this form please call our Customer Care team on **0508 882 448**.

You can email completed form to mail@pivotel.co.nz. Alternatively, return completed form by post to:

15 Te Puni Street
Petone 5012
PO Box 38-415 WMC 5045

pivotel.co.nz