

Direct Debit Request Form

Request and Authority to debit the Account or Credit Card indicated below to pay Think Mobile Pty Limited.



ABN 33 110 992 151
Locked Bag 100 Southport QLD 4215

DETAILS

THINK MOBILE NUMBER (OR ACCOUNT NUMBER FROM BILL)

SURNAME OR COMPANY NAME ("YOU"):

GIVEN NAMES OR ABN/ACN:

Complete Section 1 to Direct Debit from your Bank Account
OR Section 2 to Direct Debit from your Credit Card.

SECTION 1: DIRECT DEBIT REQUEST

You request and authorise Think Mobile Pty Limited, ABN 33 110 992 151 (Debit User Identification Number 271677) to arrange for any amount Think Mobile Pty Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution 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.

NAME OF FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

BANK DETAILS TO BE DEBITED

ACCOUNT NAME (GIVEN NAME & SURNAME/COMPANY OR BUSINESS NAME)

BSB NUMBER

ACCOUNT NUMBER

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 Think Mobile Pty Limited as set out in this Direct Debit Request and in the Direct Debit Request Service Agreement. If nominating a Joint Account or your method of operation is for two parties to sign, both parties must sign to authorise this Direct Debit Request.

PAYMENT DETAILS: Payments will be made seventeen (17) days after the date of issue of your bill.

SIGNATURE

DATE

ADDRESS

SECTION 2: CREDIT CARD AUTHORITY

You request and authorise Think Mobile Pty Limited, ABN 33 110 992 151 (Debit User Identification Number 271677) to arrange for any amount Think Mobile Pty 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 Think Mobile Pty Limited as set out in this Direct Debit Request.

PAYMENT DETAILS: Debits will be made fourteen (14) days after the date of issue of your bill.

SIGNATURE

DATE

ADDRESS

You can email completed form to:
mail@thinkmobile.com.au

Alternatively, return completed form by post to:
Think Mobile Pty Limited
Locked Bag 100
Southport
QLD 4215

If you have any questions or need assistance in completing this form please call our Customer Care team on:
1300 2 THINK (1300 2 84465)