Fix My Truck Pty Ltd
65 Lonsdale St, Dandenong, Vic, 3175
Phone: 1800 349 698
Fax: 1300 349 698
Email: accounts@fixmytruck.com.au
ABN: 19 608 713 631

Direct Debit Request

Request and Authority to debit the account named below to pay
Fix My Truck

Request and Authority to debit	**Your Surname or company name**_____ **Your Given names or ABN/ARBN** _____"*you*" request and authorise **Fix My Truck ID 492551** to arrange, through its own financial institution, a debit to your nominated account any amount **Fix My Truck,** has deemed payable by *you.* This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Categories	Rate per Truck	No. of Trucks*	Debit Amount (Include GST)
☐ 0-10 trucks	**$22.00**		
☐ 11-20 trucks	**$16.50**		
☐ 21-50 trucks	**$11.50**		
☐ 51+ trucks	**$6.50**		

Payment Frequency:	**Monthly**
Payment Term:	**Recurring Payment continued until further notice**
Insert details of account to be debited	**Financial Institution** _____ **Branch**_____ **Name/s on account** _____ **BSB number (Must be 6 Digits)** |___|___|___| - |___|___|___| **Account number** |___|___|___|___|___|___|___|___|___|
Credit Card Authorisation	☐VISA ☐MasterCard Name on the Card_____ Card No: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Expire Date: |___|___| - |___|___| Cardholder Signature_____
Acknowledgment	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **Fix My Truck** as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature and address	**Name**_____ **Position**_____ **Signature** _____ **Address** _____ **Date** ___ / ___ / ___

*Please list the rego of your truck in the attached form