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nexttelecom.com.au

**Next Telecom Pty Ltd**  
ABN 77 074 728 724

**National Mail**  
PO Box 1196  
North Sydney NSW 2059

**Sydney**  
Level 38, 100 Miller Street  
North Sydney NSW 2060  
Tel: 1300 00 NEXT  
Fax: (02) 8071 8150

**Melbourne**  
Level 26, IBM Centre,  
60 City Road  
Southbank VIC 3006  
Tel: 1300 00 NEXT  
Fax: (03) 8535 2550

## Direct Debit Request Bank Account

Request and Authority to debit the account named below to pay Next Telecom Pty Ltd.

### (1) Customer Details: 'you'

Account Name:	<input type="text"/>	Customer Number:	<input type="text"/>
Street Address:	<input type="text"/>	Date of Application:	<input type="text"/>
State:	<input type="text"/>	Post Code:	<input type="text"/>
Contact Name:	<input type="text"/>	ABN / ACN:	<input type="text"/>
Email:	<input type="text"/>	Telephone:	<input type="text"/>
		Mobile Number:	<input type="text"/>

### (2) To Next Telecom Pty Ltd

Request and authorise Next Telecom Pty Ltd; User ID 424585 to arrange through its own Financial Institution, a debit to your nominated account any amount Next Telecom Pty Ltd has deemed payable by you.

This debit or charge will be made through 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.

Financial Institution Name:	<input type="text"/>		
Branch Address:	<input type="text"/>		
Name(s) on Account:	<input type="text"/>		
BSB Number:	<input type="text"/>	Account Number:	<input type="text"/>

### (3) Acknowledgement

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 Next Telecom Pty Ltd as set out in this request and in your Direct Debit Request Service Agreement.



**(4) Authorised Signature(s)**

If signing for a Company, sign and print full name and capacity for signing, e.g. Director

Primary Name:

Secondary Name:

Primary Signature:

Secondary Signature:

Address:

Address:

State:  Postcode:

State:  Postcode:

Date:

Date: