

**SECTION 7 - DIRECT DEBIT (COMPULSORY FOR ALL NEW CUSTOMERS) – PLEASE CHOOSE ONE OPTION ONLY**

**Option 1**

**Request for Direct Debiting Bank Accounts**

Name of Financial Institution where Account is held:
Address of Financial Institution where Account is held:

<b>Insert your Name in full</b>
I/We (surname or Company Business Name):
(Given Names) :

Request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which City & Regional Fuels (“The User”) may debit or charge me/us through the Direct Debit System. I/We understand and acknowledge that:-

1. The Financial Institution may in its absolute discretion determine the order or priority of payment by it of any moneys pursuant to this Request or any authority or mandate.
2. The Financial Institution may in its absolute discretion at any time by notice in writing to me/us, terminate this request as to further debits.
3. The User may by prior arrangement and advice to me/us vary the amount and/or frequency of direct debits.
4. This Direct Debit arrangement is governed by the terms of the Customer Service Agreement, which can be viewed at [www.cityandregionalfuels.com.au](http://www.cityandregionalfuels.com.au) or by calling (08)9725 6500 to request a copy of same.

**Customer Signature(s)** (if joint account all signatures may be required):

Signature:	Signature:
Date: / /	

Account which is to be debited:
Name of Account which is to be debited:
BSB Number: ___ ___ - ___ ___ Account Number: ___ ___ ___ ___ ___ ___ ___ ___

*Note: Direct Debiting is not available on the full range of accounts, if in doubt please refer to your Financial Institution*

**Option 2**

**Request for Direct Debiting Credit Cards**

Card Type:      Visa      Mastercard      (please note we do not accept Amex or Diners cards)
Card Holder Name:
Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ expiry date: ___/___
Cardholder Signature: