

Direct Debit Application Form



New Zealand

Fax to 0508 226 001

(For automatic Credit Card payments only)

Important:

Please complete all the following details and return the form to ACN by Post, E-Mail or Fax.

Return Form to:

Post: PO Box 90694
Victoria Street West
Auckland 1142
New Zealand

Email: enquiries@acnpacific.co.nz

Fax: 0508 226 001

Your ACN account details

ACN Account ID: _____ (Note: your account ID is a 6 digit number located at the top right hand corner of your ACN invoice.)

Mr Mrs Ms Miss Dr

First name: _____

Last name: _____

Date of birth: ____ / ____ / ____ (DD/MM/YYYY)

Business customers must specify the director/owner/partner as entered on the original Customer Order.

Direct debit request

I request and authorise ACN Pacific Pty Ltd ('ACN') or its billing agent, until further notice, to arrange automatic payment of my ACN invoices by debiting my credit card specified below on or immediately after the due date shown on the ACN invoice. I acknowledge that ACN may terminate this request at any time by written or verbal notice and in this case I must adopt an alternative method of payment.

Credit Card

Visa MasterCard

Name as it appears on card: _____

Credit Card number: _____

Credit Card expiry date: ____ / ____ (MM/YY)

Cardholder's Signature: _____

Today's date: ____ / ____ / ____ (DD/MM/YYYY)

Note: Alternatively, if you would like to arrange for funds to be automatically debited from your bank account, please call our Customer Service Centre on 0508 226 000 to request a direct debit form or go to acnpacific.com.au/payment-nz to download a form and for further payment options.