

Opticare Direct Debit Reference Number

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Office Use Only

### Customer Details

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mob: \_\_\_\_\_

Please tick the appropriate box

- ☐ Please debit my credit card on the 25th day of each month for the full amount of my monthly statement.
- ☐ Please debit my credit card on the 10th day of each month for the full amount of my monthly statement less **2% discount**.

### Direct Debit from Credit Card

☐ Visa ☐ Mastercard ☐ Amex\* ☐ Bankcard\* Cardholder Name: \_\_\_\_\_

Card Number:                 Expiry : \_\_\_\_ / \_\_\_\_

\*American Express credit cards will incur a transaction fee of 1.5% charged to the following month's statement. Visa, Mastercard and Bankcard will not incur this transaction fee.

### Terms and Conditions

I/We authorise Opticare Pty Ltd ABN 54 002 712 665 trading as Opticare (hereafter referred to as Opticare) to make periodic debits to my chosen credit card account for the full amount on future monthly statements.

I/We acknowledge that the nominated debit amount will be regularly debited to my/our account according to the terms and conditions of the monthly statement. I/We acknowledge that it is my/our responsibility to ensure sufficient funds are available in the relevant account by the due date of each monthly statement to permit a direct debit in accordance with the Direct Debit Request.

I/We acknowledge that should insufficient funds be available in the relevant account, all associated fees and charges due be my/our financial institution or the financial institution of Opticare will be payable by me/us.

I/We acknowledge that if a specified set up, variation or processing fee may apply.

I/We acknowledge that my/our record and account details may be required by the financial institution in connection with a claim made on it relating to an alleged incorrect or wrongful debit, otherwise they will be treated as confidential.

I/We acknowledge that a delay may occur in the processing of a debit and accept that Opticare will process the debit as soon as possible after the due date.

I/We authorise the following :

1. Opticare to verify the details of my/our account with my/our financial institution.
2. The financial institution to release this information allowing Opticare to verify my/our account details.

I/We acknowledge that both Opticare and myself/ourselves must provide 7 days notice prior to cancellation by either party to this agreement.

I/We acknowledge that all outstanding invoices with Opticare must be paid in full prior to ensure this authorisation and I/we have attached either a cheque as payment of the same or evidence of payment, in case of the direct deposit of funds into Opticare bank account.

**This authorisation is to remain in force in accordance with the above terms and conditions and I/we have read and understand the same.**

Signature of card holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of joint card holder \_\_\_\_\_ Date \_\_\_\_\_