



Pay the easy way

CUSTOMER PAYMENT PLAN

CLIENT NAME: **COCKLE BAY TENNIS CLUB**

Payers Details

LAST NAME _____ TITLE _____

FIRST NAME _____ PHONE: HOME _____

POSTAL ADDRESS _____ PHONE: WORK _____

SUBURB _____ PHONE: MOBILE _____

CITY/REGION _____ POST CODE _____

EMAIL ADDRESS _____

Frequency and Amount

☐ Fixed Amount:

Amount
\$

Amount in Words

☐ Variable Amounts:

Amounts

..... Payment(s) of \$
and
..... Payment(s) of \$
and
..... Payment(s) of \$
and
..... Payment(s) of \$

Amount in Words

.....Payment(s) ofdollars.
.....Payment(s) ofdollars.
.....Payment(s) ofdollars.
.....Payment(s) ofdollars.

First Payment Date

/ /

Last Payment Date

/ /

OR

Until further notice

Tick

Tick
Box

Weekly

Fortnightly

Four Weekly

Monthly

Specify other period

I/We declare that the information contained above is true and correct and I/we agree to be bound by the terms and conditions listed on the reverse of this form.

Signature: _____ Signature: _____ Date: _____

TERMS & CONDITIONS

I/We acknowledge that DDPay Limited (herein referred to as DDPay) is acting as a direct debit agency only.

The nominated amount will be regularly debited from my account.

I/We are responsible to have sufficient funds available in the account to permit direct debit in accordance with the Payment Plan details and the completed Direct Debit request.

If the Direct Debit is returned to my financial institution as unpaid, I/we will be responsible for the late fee for each unsuccessful debit in addition to any fees or charges made by the Institution.

A delay may occur in processing the debit if there is a public holiday on the day after the debit is due.

All my/our details will remain confidential except for communication with my Institution.

I/We authorise DDPay to verify my account details with my Institution.