



SLI GEN



SlimTel
Keeping the weight
OFF your phone bill

EZiDEBIT

Notice Of Amendment

Date: ____ / ____ / ____

Customer Name: _____

Your Ref # _____

Ezi Debit Ref # _____

I, _____
(Staff Members Name)

wish to make the following amendments to my customers Direct Debit.

Change Payment Details

NB: Payment details can be changed instantly and securely at EDA Online. For access, email Ezi Debit at admin@ezidebit.com.au or call (07) 3255 1733

Change Payment Amount

From: - \$ ____ . ____

To: - \$ ____ . ____

Date to commence: - ____ / ____ / ____

Revert back to previous amount after processed.

Continue payments with new amount.

Take additional Payment

Of: - \$ ____ . ____

On: - Date: - ____ / ____ / ____

Change Payment Period

From: _____

To: _____

Suspend Payment

Until further notice.

For payment on the
____ / ____ / ____ **Only.**

Cancel

Immediately.

Recommence

At next due payment date.

Commencing the ____ / ____ / ____

Change Debit Account Details

Change Bank Account Details

Financial Institution: _____

Branch: _____

Account Number: _____

BSB Number: _____

Account Name: _____

NOTE – Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution

Account Holders Signature: - _____

OR

Change Credit Card Details

VISA

MasterCard

Bankcard

Card Number: _____

CCV Number: _____
(Last 3 digits on back of card)

Expiry Date: ____ / ____

Cardholder Name: _____

NOTE: Ezi Debit Australia will appear on your credit card statement

Cardholders Signature: _____

(Office Use Only)

Date Received :

Entered By:

Reference #: