

DIRECT DEBIT REQUEST

Please return completed form to G.P.O. Box 443 Adelaide SA 5001 or email to admin@savantenergy.com.au

Request and Authority to debit the account named below to pay Savant Energy Power Networks Pty Limited

Request and Authority to debit

Your Surname or company name _____

Your Given names or ABN /ARBN _____ "You"

request and authorise **Savant Energy Power Networks Pty Limited and Direct Debit user id 490165** to arrange, through its own financial institution, a debit to Your nominated account any amount **Savant Energy Power Networks Pty Limited**, has deemed payable by You.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name _____

Address _____

Insert details of bank account to be Debited

Name/s on account _____

BSB number (Must be 6 Digits) ___ ___ - ___ ___

Account number _____

OR

Credit card details

Visa MasterCard Credit Card Number _____

Expiry Date _____ - _____ CCV (3 digits on back of card) _____

Name on Card _____

Acknowledgment

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and **Savant Energy Power Networks Pty Limited** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature _____
(If signing for a company, sign and print full name and capacity for signing eg. director)

Full Name _____
(Please PRINT name)

Address _____

Date ___ / ___ / _____