



# Direct Debit Request Form

Request and Authority to debit the Account or Credit Card indicated below to pay  
Pivotel Satellite Pty Limited ABN 81 099 917 398.  
Locked Bag 100, Southport QLD 4215.

### Details

Pivotel mobile number (Formerly Globalstar Number) (or account number from bill):

Surname or Company Name ("you"):

Given names or ABN/ACN:

### Section 1: Direct Debit Request

You request and authorise Pivotel Satellite Pty Limited, ABN: 81 099 917 398 (Debit User Identification Number 226163) to arrange for any amount Pivotel Satellite Pty Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement. This authority is to remain in force until further notice.

Name of financial institution at which account is held:

Address

  
  
  

Details of bank account to be debited:

Account Name:

BSB Number:

Account Number:

### Acknowledgment:

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and Pivotel Satellite Pty Limited as set out in this Direct Debit Request and in the Direct Debit Request Service Agreement. If nominating a Joint Account or your method of operation is for two parties to sign, both parties must sign to authorise this Direct Debit Request.

### Payment Details:

Debits will be made seventeen (17) days after the date of issue of your bill.

Signature:

  

Date / /

Address

  

### Section 2 : Credit Card Authority

You request and authorise Pivotel Satellite Pty Limited, ABN: 81 099 917 398 (Debit User Identification Number 226163) to arrange for any amount Pivotel Satellite Pty Limited may debit or charge you to be debited through the Bulk Electronic Clearing System from the credit card identified below subject to the terms and conditions of the Direct Debit Request Service Agreement. This authority is to remain in force until further notice.

Details of credit card to be debited: (please tick one)

VISA

MASTERCARD

AMEX

Name:

Card Number:

Expiry Date: / /

Name of financial institution at which account is held:

Address

  
  
  

### Acknowledgment:

By signing this Direct Debit Request you acknowledge that you have read and understood the terms and conditions governing the debit arrangements between you and Pivotel Satellite Pty Limited as set out in this Direct Debit Request.

### Payment Details:

Debits will be made seventeen (17) days after the date of issue of your bill.

Signature:

  

Date / /

Address

  
  

You can fax this form directly to: **(07) 5630 3030** or return the completed form to: Pivotel Satellite Pty Limited, Locked Bag 100, Southport QLD 4215.

If you have any questions, or need assistance in completing this form please call our Customer Care team on **1300 882 448**.