

# Payment Variation Form



## Client Details

Facility Name: \_\_\_\_\_

Debitsuccess Reference No: \_\_\_\_\_

Customer First Name: \_\_\_\_\_

Customer Last Name: \_\_\_\_\_

## Alter Debit Amount

Current Debit Amount: \$ \_\_\_\_\_.

New Debit Amount: \$ \_\_\_\_\_.

Frequency:  
(Please circle one only)

One Off Payment

Weekly

Fortnightly

Four Weekly

Monthly

Quarterly

Date on which to first debit new amount\*    \_\_\_ / \_\_\_ / \_\_\_

## Change of Account

### Debit from Credit Card

Card Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_ / \_\_\_

### Debit from Bank Account

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Suffix: \_\_\_\_\_

Variations with Credit Card details  
must be faxed to 09 522 8842

Variations with Bank Account details  
must be faxed to 0800 480 1401

## Other alterations to account requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These variations will be implemented by DEBITSUCCESS prior to the next debit date if received at least 3 working days prior to that date. All of the other terms of the original contract to which this variation relates shall remain unchanged.**

Signed by Customer: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signed by Witness (staff): \_\_\_\_\_

**\* This date will determine the debit dates from thereon regardless of previous instructions. Any debits due prior to this date will be made in accordance with current instructions.**

The issuer of the billing service is Debitsuccess Pty Ltd (ABN 32 095 551 581). Debitsuccess is an Authorised Representative (AR 407894) of Transaction Services Holdings Limited (AFSL 338256).