

**BUSINESS INFORMATION**
Full Legal Name (Including Trustee if applicable): ABN:  IntegraPay Client ID: Trading Name: 
**BILLING ACCOUNT DETAILS AND DIRECT DEBIT REQUEST** Where fees are debited from
*Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution.*Financial Institution:  Branch: Billing Account Name: BSB Number:  —  Account Number: 

 /  / 

Authorised signature of account holder

Print Full Name: 

I / We authorise IntegraPay Pty Ltd ABN 63 135 196 397, User ID 382220, to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with this Direct Debit Request and as per the DDR Service Agreement provided.

**SETTLEMENT ACCOUNT DETAILS** Where funds are to be credited
*If your Settlement Account is the same as your Billing Account, please write 'As Above' in Settlement Account Name field below.*Financial Institution:  Branch: Settlement Account Name: BSB Number:  —  Account Number: 
**APPLICANT ACCEPTANCE**

By completing and submitting this Service Amendment Form, the Business (as well as Directors and Authorised Signatories) hereby acknowledges and agrees that it has read and considered the IntegraPay Product Disclosure Statement and Financial Services Guide and agrees to be bound by all the Terms and Conditions set out therein, as well as in this Service Amendment Form.

Date: 

Name of Authorised Officer (Please Print)

Signature of Authorised Officer

Office Held: (Director, Company Secretary, other)

Forward the completed Application Form and other requested documentation to IntegraPay Pty Ltd via email to [admin@integrapay.com](mailto:admin@integrapay.com)

**Provide bank issued copy of Account Statements or Bank Account Deposit Slip/s for nominated accounts.  
(on-line statement copies are not accepted)**