



# Application Form

Billzy Pty Ltd  
ABN: 26 602 796 298

Australian Financial Services Licence No. 494176



## BUSINESS INFORMATION

Please ensure you complete all sections or your implementation may be delayed

Full Legal Name (including Trustee if applicable):

ABN:

Trading Name:

Business Location Address:

Suburb:

State:

Postcode:

Business Phone:

Business Web Site: www.

Primary Contact:

Position / Title:

Phone:

Mobile:

Email:

Secondary Contact:

Position / Title:

Phone:

Mobile:

Email:

## 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:

X

Authorised signature of account holder

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

I / We authorise Billzy Pty Ltd ABN 26 602 796 298, User ID 513583, 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: 

## TRANSACTION INFORMATION

What are the transactions for: Estimated monthly value to be processed: \$ Average single payment amount: \$  Highest single transaction value\*: \$ 

**\*Please Note:** If your highest single transaction value is more than \$5,000.00 you will be required to provide extra documents. Please see page 6 point 6, for reference.

What percentage of your customers do you expect to pay by the following methods? Credit Card  %Bank Acc  %

Do customers pay in arrears or in advance of services/goods provided?

ARREARS ☐ ADVANCE ☐ Days in advance: 

If you are collecting recurring fees, please provide an estimate below:

Number of WEEKLY payments:  Average WEEKLY payment amount: \$ Number of FORTNIGHTLY payments:  Average FORTNIGHTLY payment \$ Number of MONTHLY payments:  Average MONTHLY payment amount: \$

## PRODUCTS AND SERVICES

All fees listed include GST

The fees listed below are charged to your business. Should you wish to pass the fees on to your payers, please select accordingly.

Please note: IPY\*YOURTRADINGNAME will appear on customer bank and card statements to indicate their payment to you.

<input type="checkbox"/>	<b>DIRECT DEBIT  </b> Recurring payments from bank accounts and credit cards			Tick to pass fee to customer
	Data Storage and Compliance	Once only per new record	Waived	<input type="checkbox"/>
	Bank Account	Per transaction	\$0.22	<input type="checkbox"/>
	Credit/Debit Card Transaction Fee	Per Transaction	\$0.33	<input type="checkbox"/>
	Visa/Mastercard*	Calculated on transaction value	1.65%	<input type="checkbox"/>
	American Express	Calculated on transaction value	1.98%	<input type="checkbox"/>
	Failed Transaction	Per failed or rejected transaction	\$2.20	<input type="checkbox"/>

☐ \* Additional 1.10% will apply to International Credit Cards

**ECOMMERCE |** Online payments

Credit/Debit Card Transaction Fee	Per Transaction	\$0.33	<input type="checkbox"/>
Credit/Debit Card Rejection Fee	Per Rejected Transaction	\$0.33	N/A
Visa/Mastercard*	Calculated on transaction value	1.65%	<input type="checkbox"/>
American Express	Calculated on transaction value	1.98%	<input type="checkbox"/>

☐ \* Additional 1.10% will apply to International Credit Cards

**BPAY FEES |**

BPAY Transaction Fee	Per Transaction	\$1.65	N/A
BPAY Establishment Fee	Once off bill per BPAY Facility Established	Waived	

**OTHER FACILITY FEES |** Paid by Business

Establishment Fee	Once only per new account	Waived
Minimum Monthly Fee***	Per month	Waived
Refund Fee (if applicable)	Per Transaction Refund Request	Waived

☐ Please see Billzy's FSG PDS and Terms of Service for a full list of product service charges.

**COMMUNICATIONS |** You have the option to send automated SMS and Email notifications to your customers.

<input type="checkbox"/>	Payment Reminder - \$0.22 per message	SMS example: Hi {Name}, this is just a quick reminder that your next payment of {Amount} for {Business Name} will be debited on {Date}. Thanks
<input type="checkbox"/>	Dishonoured Payment - \$0.22 per message	SMS example: Hi {Name}, this is to notify you that your last debit payment for {Business Name} was rejected.

☐ **DIRECT DEBIT REQUEST FORM |** Please select one or more of the following options.

PDF (Printable Version) - Email your logo to [contact@billzy.com](mailto:contact@billzy.com) in PDF or GIF format to be included on the form. eDDR

☐ (Electronic Version) - Online, Tablet or Smart Phone integrated Direct Debit Request Form.

**OTHER PRODUCTS** Re-Submit Rejections - on Recurring Payments only \$0.33 per rejection

## APPLICANT ACCEPTANCE

By completing and submitting this Application Form, the Business (as well as Directors and Authorised Signatories) hereby acknowledges and agrees that it has read and considered the Billzy 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 Application Form, and all banking Tri-Party agreements published on our website.

All documents, including Tri-Party agreements may be located at [www.billzy.com](http://www.billzy.com). The Business acknowledges and agrees that Billzy may or may not, in its discretion, accept this Application.

I/we request and authorise Billzy to use the business trading name as indicated within this Application as the statement identifier for all transactions processed from customer banking and card accounts on our behalf.

/   /

D D M M Y Y Y Y

X

Signature of Director 1

Full Name

Date of Birth

Residential Address

Suburb

State

Pcode

/   /

D D M M Y Y Y Y

X

Signature of Director 2 (if applicable)

Full Name

Date of Birth

Residential Address

Suburb

State

Pcode

## LODGEMENT PROCESS

- Forward the completed Application Form and other requested documentation to Billzy Pty Ltd via email to [compliance@billzy.com](mailto:compliance@billzy.com).
- If your Billzy Application is not fully completed or required documentation is not provided, there may be processing delays.
- Please contact Billzy on 1300BILLZY for any enquiries relating to your Application.

## GENERAL ADVICE WARNING

Provision of the services outlined is subject to the completion of our product documentation, including application form, any necessary formal credit approvals and any other documentation deemed necessary to deliver the services.

**SUPPORTING DOCUMENTS REQUIRED**

Please provide supporting documents required for your application. All document requests are mandatory, unless specified below.

**1. Verify bank account**

Billzy needs to verify your bank account details. Please provide a copy of your bank statement showing account name, BSB and account number.

**2. Proof of business address**

Provide a clear colour copy of a current document (within the last three months) that identifies your principle place of business.

This can be a rates bill, rental/lease agreement, a utility bill (electricity, gas, water) – but NOT a mobile bill.

Please attach the documentation for Proof of Business here

**3. Identification**

For all directors, provide a clear colour and current copy of ONE of the following:

- a) Driver licence (Australian only)  
or
- b) Passport (Australian or New Zealand only)

We will then confirm identification with the Australian Government's Document Verification Service (DVS).

This is a national online identification system, for more details visit the DVS website.

Before uploading, you must agree to the two points below for your application to proceed:



I am authorised to provide a copy of this identification.



I understand that this identification will be checked with the Australian Government's Document Verification Service.

For all directors provide a clear, colour and current copy of driver licence OR passport here

**4. Your logo (optional)**

Provide an image file of your logo, which will be featured on your payment forms.  
Recommended for optimal display of your logo:

- Preferably GIF format, if not available we can accept JPEG, PNG, TIFF, BNP – but not PDF
- Rectangle is preferred – recommended resolution at 150 pixels high x 300 pixels wide
- Image size should not be too low – we recommend more than 0.1MB (100KB)

Upload a JPEG or GIF image file of your logo here.

**5. Trust deeds (optional, unless you are a Trust)**

If your organisation is a Trust, you will need to provide a certified copy of your Trust Deed/s.

Upload a clear copy of your certified Trust Deed/s

**6. Extra document requirements for higher limit requests**

\$5,000.00 to \$10,000.00: 3 x Current itemised processed invoices (last 30 days).

Over \$10,000.00: 3 x Current itemised processed invoices + most recent bank statement/s with at least 3 months of transactions + 2 x most current BAS statements.

**Please note:** Supplying the above documents does not constitute automatic approval.

**DDR SERVICE AGREEMENT****1. Debiting your account**

1.1 By providing us with a direct debit request, you have authorised us to arrange for funds to be debited from your account. This authority is irrevocable while you have any liability to us under the written agreement for the payment services. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account authorised in the direct debit request as detailed in clause 4, 5 and 10 of the Billzy Terms of Service.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day

**2. Changes by us**

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you written notice. We will give you at least 30 days prior notice of the introduction of a fee or charge. We will give you at least 14 days prior notice of any other change.

**3. Your obligations**

3.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

3.2 If there are insufficient clear funds in your account to meet a debit payment:

3.2.1 You may be charged a fee and/or interest by your financial institution

3.2.2 You may also incur fees or charges imposed or incurred by us; and

3.2.3 You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

3.3 You should check your account statement to verify that the amounts debited from your account are correct.

**4. Dispute**

4.1 If you believe that there has been an error in debiting your account, you should notify us directly confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take this up with your financial institution directly.

4.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

4.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

**5. Accounts**

5.1 You should check:

5.1.1 With your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.

5.1.2 Your account details which you have provided to us are correct by checking them against a recent account statement; and

5.1.3 With your financial institution by completing the direct debit request if you have any queries about how to complete the direct debit request.

**6. Confidentially**

6.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

6.2 We will only disclose information that we have about you:

6.2.1 to the extent specifically required by law; or

6.2.2 for the purpose of this agreement (including disclosing information in connection with any query or claim)

**7. Notice**

7.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Billzy Pty Ltd  
Level 4, 130 Bundall Road  
Bundall QLD 4217

**DEFINITIONS**

**Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

**Agreement** means this Direct Debit Request Service Agreement between you and us.

**Business day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

**Debit day** means the day that payment by you to us is due.

**Debit payment** means a particular transaction where a debit is made.

**Direct debit request** means the Direct Debit Request between us and you.

**Payment services** means the service we provide that allows you to accept nominated direct debit, credit card or debit cards for certain transactions authorised by us pursuant to a written agreement between us and you.

**Us or we** means Billzy Pty Ltd as you have authorised by signing a direct debit request.

**You** means the customer who signed the direct debit request.

**Your financial institution** is the financial institution where you hold the account that you have authorised us to arrange to debit.