

VAASCO Holdings

NET ZERO ENERGY solutions

Energy savings solutions that enhance our environment
Grid connectivity, energy efficiency and non-stop power

VAASCO HOLDINGS PTY LTD

ABN 38653605595

Suite 3, Level 10, 45 William Street

Melbourne VIC 3000

Contact Customer Services, VAASCO Holdings

Phone 1300 51 86 73

Email accounts@vaasco.net

Direct Debit Request

Request and Authority to debit**Your Surname or Company Name:** _____**Your Given names or ABN/ARBN:** _____ "you"

request and authorise **VAASCO HOLDINGS PTY LTD** (User ID: 652679, ABN 38 653 605 595) to arrange a debit to your nominated account to pay for the Voltage as a Service (VAAS) managed services provided by VAASCO HOLDINGS PTY LTD.

This debit or charge will be arranged by VAASCO HOLDINGS PTY LTD's financial institution (Westpac Banking Corporation ABN 33 007 457 141, AFSL and Australian credit licence 233714) and made through the Bulk Electronic Clearing System Framework (BECS) from *your* nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Amount of debit

The amount specified in the monthly invoice we send you, for payment on a due date as specified on that invoice, and in accordance with the VAASCO Managed Service Agreement.

Your account to be debited**Name/s on account:** _____**Financial institution name:** _____**BSB number (Must be 6 Digits)** |__|__|__| - |__|__|__|**Account number** |__|__|__|__|__|__|__|__|**Your contact details****Address:** _____**Email:** _____**Phone:** _____

The email above is your nominated way for us to write to you.

Confirmation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:

- you are authorised to operate the nominated account; and
- you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

Your Signature**Signed** in accordance with the account authority on your account:**Signature:** _____**Contact details:** As above**Date:** ____ / ____ / ____

**Second account signatory
(if required)****Signed** in accordance with the account authority on your account:**Signature:** _____**Name:** _____**Address:** _____**Email:** _____**Phone:** _____**Date:** ____ / ____ / ____

Signing for a company*You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.***Signature of duly authorised officer:** _____**Position held:** _____**Name:** _____**Address:** _____**Email:** _____*(Notices will be sent to this email address)***Phone:** _____**Date:** ____ / ____ / ____**Second company signatory (if required)****Signature of duly authorised officer:** _____**Position held:** _____**Name:** _____**Address:** _____**Email:** _____**Date:** ____ / ____ / ____