



WEEKLY HEALTH & PERFORMANCE TIPS SIGN-ON SHEET



Full name: _____

Best email address: _____

Second email address: _____

Phone number: _____

Interest areas:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Corporate health | <input type="checkbox"/> My health | <input type="checkbox"/> Sports performance | <input type="checkbox"/> Family health |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Exercise tips | <input type="checkbox"/> Fun runs / events | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Weight loss | <input type="checkbox"/> Motivation / inspiration | <input type="checkbox"/> Eating healthily at functions | <input type="checkbox"/> Back health / posture |

Debit Request

1) First debit or once off debit: \$5 - To be debited this week

2) Regular amount: \$5 each week, or \$21.66 each month

Bank Account Details

Name of Institution
e.g. ("Commonwealth Bank")

Suburb where branch is located:

Name of Account Holder(s):

BSB Number: - Account Number:

I / we authorize Ezypay Limited APCA User ID Number 064323 to debit my / our accounts at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS)

----- OR -----

Credit Card Select your card type: VISA MASTERCARD AMEX DINERS

Card Number:

Name on Card: Expiry Date:

Authorisation

This authorization is to remain in force in accordance with the Terms and Conditions on this page (5) which I / we have read and understood.

1. 2. Date:

Signature of cardholder(s) or account holder(s)

I would like to receive an Invoice/Receipt at the end of each month to enable me to claim on my private health fund.

Terms & Conditions

1. It is my/our responsibility to have sufficient funds available in my/our account failing which I/we will incur a failed payment fee of up to \$11.44 for each unsuccessful debit, in addition to any fees charged by my/our Financial Institution.
2. I/We understand that a payment processing fee of \$0.88 for bank debit, 2.288% for credit card or 4.576% for AMEX/Diners will be added to my/our Payment Total.
3. I request Complete Performance Solutions to arrange for funds to be debited from my nominated account for the amount specified weekly in advance. I acknowledge that my regular training & debit shall continue until I cease my agreement by giving 30 days written notice. I acknowledge that I am not eligible for any refund of moneys paid.
5. I hereby acknowledge that I have fully read, understood and will abide by the terms of this Debit Request.

