



P.O. Box 837, IPSWICH QLD 4305  
 Phone: 13 36 36  
 Fax: 07 3454 9950  
 ABN: 58 098 028 230  
[www.itel.net](http://www.itel.net)  
*(Incorporating Global Info-Links Pty Ltd)*

**CREDIT CARD DEBIT AUTHORITY**

**Request and Authority to debit the credit card named below to pay  
 iTEL Community Telco Limited for iTEL Services**

<i>Request and Authority to Debit</i>	<b>Individual/Company Name:</b> _____ <b>ABN:</b> _____ <b>iTEL Username:</b> _____ <b>iTEL Service: Name</b> _____ Request and authorise <b>iTEL Community Telco Limited</b> to debit the below card any amounts for iTEL Services provided by iTEL Community Telco Ltd
<i>Insert the name and address of financial institution at which account is held</i>	<b>Financial Institution Name:</b> _____ <b>Address:</b> _____ _____
<i>Insert details of credit card to be debited</i>	<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <b>Cardholders Name:</b> _____ <b>Card Number:</b> ____ ____ / ____ ____ / ____ ____ / ____ ____ <b>Expiry Date:</b> ____ / ____
<i>Commencement</i>	Request that this service be commenced on ____ / ____ / ____
<i>Acknowledgement</i>	By signing this request from you acknowledge that iTEL Community Telco Ltd will debit the nominated Credit Card for Corporate Services provided to _____ on a monthly basis
<i>Guarantee</i>	iTEL Community Telco Ltd will process the tax invoice and payment for services provided. A copy of the tax invoice will then be forwarded to _____ by Postal Mail/Fax/Email with the receipt number noted.
<i>Cancellation</i>	If the authority to debit the nominated credit card is withdrawn, written notification must be forwarded to iTEL Community Telco Ltd <b>two weeks</b> prior to the next invoice being processed.
<i>Debits</i>	Debits will be processed on a monthly basis, based on the monthly charge of the services utilized. It is accepted that additional (or overcharges) on service utilization will be included on the monthly debit.
	<b>Authorised Person:</b> _____ <b>Position:</b> _____ <b>Signature:</b> _____ <b>Address:</b> _____ _____ <b>Contact Number:</b> _____ <b>Date:</b> ____ / ____ / ____

*iTEL Office Use Only*

Date Received:		Actioning Officer:	
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