



Request for Email Billing and Direct Debit Bill Payment

Please complete the following details and return in the reply paid envelope provided.

Name of Account Holder.....

Supply Address.....

Neighbourhood Energy Account Number.....

Contact Phone Number.....

Easy Pay Direct Debit Request

Please complete your details to pay monthly via Direct Debit from your cheque or savings account. Direct debit is not accepted on credit cards.

Your financial institution name
Your account name
Your BSB
Your account number
Your surname
Your given name(s)

I request and authorise Our Neighbourhood Energy Pty Ltd T/A Neighbourhood Energy "NE" (User Identification Number 274138) to arrange, through its own financial institution, for any amount NE may debit or charge to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified above and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

By signing this Direct Debit Request, I acknowledge having read and understood the terms and conditions governing the debit arrangements between myself and NE as set out below. NE will arrange for my nominated account to be debited with the amount of my bills on or immediately following the due date of each bill.

I may cancel my direct debit arrangement at any time by notifying my financial institution. I must then advise NE as soon as practicable that I have cancelled the authority. I may also cancel my direct debit authority at any time by notifying NE. NE will then advise my financial institution as soon as practicable that I have cancelled my authority and NE will stop relying on the authority. Where I cancel my direct debit authority, I may use any other NE payment methods to pay my bills. NE may cancel my direct debit arrangement if my financial institution returns a debit authority unpaid. If NE is unable to sell me electricity for any reason, they will immediately cancel my direct debit arrangement and notify me and my financial institution of the cancellation.

If there are insufficient funds in my account to meet a debit payment, I may be charged a fee by my financial institution and NE will charge me with any fees they incur.

Your signature	Date
----------------	------

Email Billing Request

When you switch to email billing, other correspondence may also be sent to you electronically

Email Address:
Alternative Email Address: