

Advance Toll Details

All sections must be completed before a TAX Invoice can be issued. Please read the notes over the page before signing. By applying for an Advance TOLL you acknowledge & accept the terms of the Conditions of Use for Bankstown Airport.

AIRCRAFT & OWNERS DETAILS

Aircraft Registration _____
 Aircraft Type _____
 MTOW _____

The aircraft details are based on CASA records of your aircraft type and MTOW.

Please identify by circling whether you are the Certificate of Registration Holder/Operator.

Certificate of Registration Holder:

Name _____
 Address _____
 Phone / Mobile _____
 Email _____

Operator: *(if different to above)*

Name _____
 Address _____
 Phone / Mobile _____
 Email _____

TOLL Details

4 or 8 Month pass required

Start Date: _____ Expiry Date: _____ months from starting date

Signature of person completing this form

Cheques payable to: **Bankstown Airport Limited** OR to pay by Mastercard, Visa or Bankcard by calling the **Accounts Receivable Officer 02 8709 9400**

Amount Pre GST: \$.....
 GST: \$.....
Total Due \$.....

Advance Toll Payment Form

This form is to be completed for aircraft operating at **Bankstown Airport**. Liability for aeronautical charges resides with the Certificate of Registration Holder of the aircraft. Statements of account and invoices will be directed to the Certificate of Registration Holder unless written notification is received that the holder of the Certificate of Registration was not the operator of the aircraft at the time of the use. Notification must detail the name and address of the operator at the time of use.

If any of the supplied details change, a new form is to be completed and submitted to the Bankstown Airport Limited PO Box 6450, Wetherill Park NSW 1851.

IMPORTANT NOTE:

TOLL passes **CANNOT** be backdated nor transferred between aircraft. Payments that are in excess of one month from Start Date will not be accepted without prior notification and written approval from BAL management.

OFFICE USE ONLY

Account No:	_____	Cash:	_____
Invoice No:	_____	EFT No:	_____
		Cheque No:	_____
Payment Date:	_____	Bank:	_____
Amount	_____	Drawer	_____

Advance Toll Payment Option

The 4 months or 8 months Toll can be paid in full by either Cheque, Direct Debit from a nominated Bank account or Credit Card (i.e. MasterCard or Visa).

A payment installment plan is available for purchase of a **8 months TOLL ONLY**. This requires **50% down payment** by either Credit Card or Direct Debit of your nominated Bank account, with the balance payable in 7 equal installments. The balance of the 7 equal installments **MUST** be paid by either direct debit from your bank account or by Credit Card (MasterCard / Visa).

Full payment for 4 or 8 month Tolls please complete the following payment details.

Full amount

<input type="checkbox"/> Cheque	\$ _____	
<input type="checkbox"/> Credit Card	\$ _____	<i>(Please fill in Credit Card details below)</i>
<input type="checkbox"/> Direct Debit	\$ _____	<i>(Please fill in Direct Debit details below)</i>

Payment Installment for 8 Month TOLL only

50 % Payment & 7 equal monthly payments

<input type="checkbox"/> Cheque 50 %	\$ _____	
<input type="checkbox"/> Credit Card 50 %	\$ _____	<i>(Please fill in Credit Card details below)</i>
<input type="checkbox"/> Direct Debit 50 %	\$ _____	<i>(Please fill in Direct Debit details below)</i>

And please debit 7 equal monthly payments from either *(Processed every first day of each month)*

<input type="checkbox"/> Credit Card	\$ _____	<i>(Per Month)</i>	First Payment Date _____
<input type="checkbox"/> Direct Debit	\$ _____	<i>(Per Month)</i>	First Payment Date _____

Credit Card Details

Please circle the following Credit Card **Mastercard / Visa**

Credit Card _____ / _____ / _____ / _____	Expiry Date ____ / ____
Name on Card: _____	Signature _____

Customers' Authority (Direct Debit Request)

I/We (Customers Name) _____ **authorize you** (Name of Debit User) Bankstown Airport Limited APCA User ID Number 227799 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS). This authorization is to remain in force in accordance with the terms described in the (Service Agreement).

Signature (s) (1) _____ (2) _____ Date _____

If debiting from a joint account, both signatures are required

Account Name _____ Financial Institution _____

BSB Number _____ Account Number _____ Branch name _____

**Bankstown Airport Limited
Direct Debit Request (DDR)
Service Agreement**

Please ensure that you have read the following before sending in the Direct Debit Request.
Please retain this page for your records.

We may vary this agreement at any time by giving you at least 14 days notice.

By signing a Direct Debit Request (DDR), you request and authorise us to arrange for funds to be debited from your account as provided in this Service Agreement.

The payment will be deducted from your nominated account on the payment due date specified in the DDR. If the due date for payment falls on a non-working day or a national public holiday, the payment will be processed on the next working day.

It is your responsibility to:

- a) Ensure that you have sufficient cleared funds available in the nominated account when payment is to be drawn to allow for the payment of Debit Items according to the relevant DDR.

If you do not have sufficient funds, the:

- o The payment will be regarded as not having been made
 - o An administration fee may be charged to your account
 - o If the nominated account is conducted with the Commonwealth Bank then we may, on a day subsequent to the payment due date, attempt to debit funds from your account
 - o We reserve the right to cancel the Direct Debit arrangement if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.
- b) Advise us if your nominated account is altered, transferred or closed
 - c) Ensure that suitable arrangements are made if the Direct Debit is cancelled by yourself; by your nominated financial institution, by us due to three (3) returned unpaid debits; or for any other reason
 - d) Ensure that your account can accept direct debits.

You should be aware that:

- a) Direct Debiting is not available on all accounts
- b) Account details should be checked against a recent statement from your financial institution. If you are in any doubt, you should check with your Ledger Financial Institution before completing the Direct Debit Request.

You may do the following by contacting us 14 business days in advance on (02) 9796 2300 from 9am to 5pm, from Monday to Friday:

- a) change your nominated account;
- b) stop this Direct Debit arrangement; or
- c) cancel this Direct Debit request

Where you consider the debit is incorrect in the amount, you should contact us. We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent.