



Tenant Account Change

1 AGENT DETAILS

Agent office name

2 TENANT DETAILS (CARDHOLDER)

Card number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|
| 9 | 0 | 3 | 6 | 0 | 0 | 3 | 7 | | |
|---|---|---|---|---|---|---|---|--|--|

Title Surname

| | |
|--|--|
| | |
|--|--|

Given names

Date of birth (for security reasons) / /

Property address

Suburb State Postcode

| | | |
|--|--|--|
| | | |
|--|--|--|

Mobile number

I hereby request Corum eCommerce Pty Ltd (Corum) to make the changes detailed on this form. By signing below, I confirm that the information on this form is true and correct, and that I will incur a \$2.75 processing fee to be debited/charged to my nominated account the next time Corum processes a payment on my behalf.

Tenant (cardholder) signature

| | | | | |
|---|--|------|---|---|
| X | | Date | / | / |
|---|--|------|---|---|

3 BUSINESS ACCOUNT

If nominating a BUSINESS ACCOUNT complete this section. If nominating a personal account go straight to section 4.

Business name

ABN

Name of **authorised signatory** (please print)

4 NEW ACCOUNT DETAILS - MUST complete

You MUST complete this section. Select 1 option ONLY - A or B.

A: Bank, building society, credit union a/c

Account holder name (please print) eg John Smith

BSB number Account number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Financial institution

B: Credit card a/c

MasterCard Expiry date

Visa /

Card number

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Cardholder name (as shown on card)

5 PAYMENT SCHEDULE

To change your payment schedule please visit paycard.rh.com.au or call 1300 300 020.

I hereby authorise Corum eCommerce Pty Ltd (ABN 54 086 654 640) to debit and/or credit the accounts nominated in this Tenant Account Change form which supersede account details previously supplied in hard copy or online. I understand that this form does not change the Payment Schedule. By signing this form and by my continued use of the Corum Payment Services, I confirm that all information I have provided in relation to the Services (including the information contained in this form) is true and correct, and that I have read, understood and agree to be bound by the terms of the TRF, together with any additional terms, conditions, notices and disclaimers included on the Corum website. If I object to the TRF or any provision of it (including any subsequent modifications), I agree my only remedy is to discontinue my use of the Services and terminate the TRF.

Bank / credit card authorised signatory

| | | | | |
|---|--|------|---|---|
| X | | Date | / | / |
|---|--|------|---|---|

Allow 5 working days for processing. Note payments due within this processing period are your responsibility.

For assistance call Raine & Horne PayCard on 1300 300 020. **Fax your form to 02 9211 0508.**