

BUSINESS INFORMATION

Full Legal Name (Including Trustee if applicable):

ABN:

Trading Name:

Payrix Client ID:

TRANSACTION INFORMATION

New Limit Request: \$

**values entered must be in \$1,000 increments*

Are these limits for recurring or real time payments?

Recurring (bank* & credit card)

Real Time (credit cards)

***PLEASE NOTE: An additional fee of 0.25% of the bank account transaction value will apply to transactions above \$2,000.00.**

Average single payment amount:

\$

Number of transactions per month:

A limit request is not an automatic approval and will be assessed by our Risk team. Please note that you may be contacted by a member of the risk team to discuss your business requirements.

APPLICANT ACCEPTANCE

Date:

Date:

X

X

Signature of Director 1

Signature of Director 2

Full Name:

Full Name:

I hereby agree to and acknowledge the above change in terms and changes to the application I submitted and understand that these changes are subject to final approval by Payrix.

Forward the completed Application Form and other requested documentation to Payrix Australia Pty Ltd via email to admin@payrix.com.au