



You have been invited to join the **Events O'Neill – Sandown Drive Day** to be held on Tuesday July 19th at Sandown Raceway from 8.30am to 5.00pm

The event is an advanced driver education day providing one-on-one in-car tuition from professional instructors on the main circuit. We do request you wear a helmet and we discourage passengers. The full rules and regulations can be found at www.eventsoneill.com under Event Information.

In order to ensure every driver receives adequate track time, the day is limited to a maximum of 35 drivers, allocated on a first come, first served basis. Allocations for the upcoming drive day will close on Friday 15th July or when filled. **Places must be pre-paid and are only confirmed upon receipt of your payment.**

Cost of the event:

Circuit only:	\$285.00 (incl. GST)
Non-driving Guest:	\$ 50.00 (incl. GST)

Payment Methods: (Direct Debit is the preferred payment method)

Cheque: please send cheque made payable to Events O'Neill to:
PO Box 175
Seaforth
NSW 2092

Credit Card: please complete the attached Ezi Debit credit card transaction form. All major credit cards accepted. **Note:** Transaction fees apply to all cards.

Direct Debit: visit your bank online and complete a funds transfer to this account:

BSB: 012330
AC No: 108977737
AC Name: EVENTS O'NEILL

You will need to include the following information with the transfer: your name, the letters MDD, and the date of the event you wish to attend. Therefore a transfer would look like:

J Smith MDD Jul 19 (then appropriate \$ amount).

If you are concerned about the extent of your comprehensive insurance cover for Advanced Driver Training, it is your responsibility to check with your insurer prior to participating in the event. You will also be required to complete an indemnity form before participating in the event. This can be obtained for prior perusal by contacting Events O'Neill.

Important Requirements:

- **If you are concerned about the extent of your comprehensive insurance cover for Advanced Driver Training, it is your responsibility to check with your insurer prior to participating in the event.**
- You will be required to complete an indemnity form before participating in the event. This can be obtained for prior perusal by contacting Events O'Neill.
- **Please read the event Rules and Regulations on the web site at www.eventsoneill.com** before attending the drive day. Click on Melbourne on the home page, then Sandown Drive Day. The rules and regs link is on the left hand side.

EVENTS O'NEILL - MELBOURNE DRIVE DAY

Registration Form

Tuesday July 19th 2005

To: Events O'Neill
PO Box 175
Seaforth NSW 2092

Name: _____

Address: _____

Mobile: _____ Fax: _____

Email: _____

Type of Vehicle: _____ Registration: _____

Guest Name: _____

Payment Method	Cheque	Credit Card**	Direct Debit
(tick):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** To pay by credit card, please mark the box and fax/post this form and the attached Ezi Debit form (see below) back to Events O'Neill. **Please note:** credit card transaction fees apply.



Direct Debit Request New Customer Form

EVE GEN



Ph: 0418 88 22 64

Fax: 02 99 77 0364

Customer Ref: _____

Surname: _____
(Or Company/Business Name)

Given Name: _____

Payment Details A Payment as per form details

Debit Date: 24hrs after form received by Ezi Debit	Plus Admin Fee – Per Transaction VISA, M/Card, B/Card: 3 % - min \$3.30 AMEX, Diners: 4 % - min \$3.30 Set Up Fee Once Only: Paid by Events O'Neill	Frequency of Payment: <input checked="" type="checkbox"/> For (#) <u>1</u> of payment
Debit Amount: \$..... (Not inc Transaction Fee) And/or the total amount billed for the specified period		

Ezi Debit From Credit Card - NOTE: Ezi Debit Australia will appear on your credit card statement

☐ VISA ☐ MasterCard ☐ Bankcard ☐ Diners ☐ Amex

Card Holder Name: _____

Card Number: _____ Expiry Date: ____ / ____

Batch Code / CCV: _____
The Batch Code / CCV is the 3 digit number that appears on the signature panel of your Visa, M/Card or B/Card or the 4 digit number that appears on the front of your AMEX

Terms and Conditions

I/We hereby authorize Ezi Debit Australia Pty Ltd to make periodic withdrawals from the financial institution specified above on behalf of the business as described above. (Hereafter referred to as "the business") The administration of this agreement is conducted by Ezi Debit Australia acting as billing agent for the Business. The services provided by Ezi Debit Australia are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. I/We request until further notice in writing to direct debit my/our account described above, any amounts which Ezi Debit Australia, **User ID number 165969**, may debit or charge me / us through the Ezi Debit system.

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me / we vary the amount or frequency of future debits.
4. You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.
5. It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution.
6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or Ezi Debit Australia. If no resolution is forthcoming you are advised to contact your financial institution.
7. We will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
8. By signing this form I/We agree to give 14 working days notice of cancellation in writing to the business.
9. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.
10. I/We authorise the Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

**This authority is to remain in force in accordance with the terms and conditions
as described on this page, and I / we have read and understand the same.**

Card Holder Signature

Date

____ / ____ / ____

Staff Members Name:

Ezi Debit Office Use Only

Date Received:

Entered By:

Reference #