



EasyTrust Agreement

Northern Premium Funding ABN 36 085 841 756
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ID CODE:

FFA

Date

Practice/Registered Company Name:		
Contact:		Support Contact:
Phone:	Email:	
Fax:	Web:	
Address:		
Suburb:	State:	Postcode:
Country: (if other than Australia)		

Purpose of Agreement

EasyTrust (NPF) will provide a web based trust management system which ensures trust account activity is balanced and electronically settled to both the customer and your practice on your behalf. Customer expectations are fully maintained throughout with practice specific correspondence issued to relevant customers. EasyTrust instantly recognises any customers debt and commences collection process, delivery advice and funds to your practice. Information and status on all customers is available direct via the web site.

Practice/Registered Company Name Agrees

To offer the Fee from Refund Service to all customers, the Tax Practice must strictly adhere to all procedures in offering the Fee From Refund and or Fast Refund Service. A service fee for EasyTrust of \$10.00 (ten dollars) plus GST is drawn from each individual transaction. This service fee is deducted from the fees forwarded to the practice.

See <http://www.easytrust.byinstallments.com/> for EasyFee operating terms and conditions.

Practice's/Registered Company's Bank Account Details for EasyTrust (NPF) to deposit your practice fees into.

Account Name:	
BSB:	Account Number:
Bank & Branch:	

I/We agree to the terms and conditions of the EasyTrust Service contained herein and request that you accept our once off set-up fee of \$399.00 for the EasyTrust Service by:

Cheque (please attach) Direct Debit my account. Details are as follows:

Account to be Debited:

Account Name:	
BSB:	Account Number:
Bank & Branch:	Date Of Debit:

I/We _____ request you debit my/our account (described above),
(Surname or Company Name) Given Name(s) or CAN/ABN

any amounts which EasyTrust (User 347192) may debit or charge me/us through the Direct Debit System. I/We understand that:

- the Bank/Financial Institution may, at its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this authority or mandate.
- the Bank/Financial Institution may, at its absolute discretion, at any time by notice in writing to me/us, terminate this authority as to future debits.
- The User may, by prior arrangement and advice to me/us, vary the amount of frequency of future debits.

PLEASE COMPLETE THE FOLLOWING TO ASSIST EASYTRUST IN FULFILLING YOUR BUSINESS'S NEEDS:

Approx. Number of "I" Returns: _____ Average preparation fee Amount: \$ _____ Tax Software: _____

Please provide an email that important messages and reports can be sent to: _____

EasyTrust Sales Consultant: _____ Partner's Representative: _____

EasyTrust Acceptance: _____ Practice's Acceptance: _____

EASYTRUST TO COMPLETE

Your Practice's individual EasyTrust Account details that the Tax Practice must set up within software that interacts with the ATO.

Funds from the ATO are to be deposited into this account.

Account Name:		
Bank/Institution:		
BSB:	Account Number:	
Passcodes for EasyTrust Website:	Partner Code:	UserName:
	Password:	User Manual Emailed: