

CUSTOMER APPLICATION

Payment Assistance Application

If you are having trouble paying your FlexrUC bill, use this form to apply for payment assistance. Applying is free, and you don't need to attach any documents. The form is optional — you can also apply by calling 1300 266 439 (Monday to Friday, 9:00am–5:00pm AEST/AEDT).

Send the completed form to billing@flexruc.com.au or Accounts Team, FlexrUC, PO Box 3232, North Turrumurra NSW 2074. Read our Payment Assistance Policy at flexruc.com.au/policies/payment-assistance.

1. Your Details

Customer / organisation name	
FlexrUC account number	
Contact name	
Phone	
Email	
Preferred way to contact you	

2. Your Situation

What is affecting your ability to pay? Tick any that apply.

- | | |
|--|---|
| ☐ Illness (personal or household) | ☐ Unemployment |
| ☐ Low or reduced income | ☐ Domestic or family violence |
| ☐ Death in the family | ☐ Change in personal or family circumstances |
| ☐ Natural disaster | ☐ Unexpected change in income or expenses |
| ☐ Other (optional — tell us more below) | |

Anything else you would like us to know (optional)	
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3. The Help You Need

- | | |
|--|---|
| ☐ Short-term (up to 3 billing cycles) | ☐ Long-term (more than 3 billing cycles) |
| ☐ More time to pay | ☐ Payment plan |
| ☐ Spend controls | ☐ Remove features I don't need |
| ☐ Move to a more suitable product | ☐ Change payment method |
| ☐ Not sure — please contact me to discuss | |

What could you afford to pay, and how often? (optional)	
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4. Support Person (Optional)

Name and relationship	
Phone / email	

If this person is not already authorised on your account, please also complete our Authority to Act form.

5. Declaration

I confirm the information in this form is true and correct to the best of my knowledge.

Signature	
Date	

What happens next We'll give you a reference number, assess your application within 5 business days, and let you know the outcome within 2 business days after that. We won't suspend or disconnect your service while we work through your request.

For FlexrUC use: Internal reference _____ Received by _____ Date _____