

# **DIRECT DEBIT REQUEST | School/College/Kindergarten/OSHC Fees**

| Entity to be credite   | ed:  |   |                                    |                                 |   |  |
|--|--|---|------------------------------------|---------------------------------|---|--|
| I/We Full name(s   | ):   |   |                                    |                                 |   |  |
| Parent code (if app  | olicable):   |   |                                    |                                 |   |  |
| Contact Phone Nu   | ımber:   |   | Mobile:                            |                                 |   |  |
| agree that the Diocesan Development Fund ID Number 313928 may debit and/or charge any amount through the Bulk Electronic Clearing System (BECS), from the account nominated on this form. Each debit or charge must be effected according to the Direct Debit Request Service Agreement. |  |   |                                    |                                 | For additional accounts from multiple financial institutions, please reprint this form. |  |
| NEW PAYME  | ENT DETAILS  |   |                                    |                                 |   |  |
| Details of Financ  | ial Institution  |   |                                    |                                 |   |  |
| Name:  |  | Amount \$   |                                    |                                 |   |  |
| Address:   |  | Frequency:  | ☐ Weekly                           | ☐ Fortnightly                   |   |  |
| Details of Accoun  | nt to be Debited   |   | ☐ Monthly                          | ☐ Quarterly                     |   |  |
| Account name:  |  |   |                                    |                                 |   |  |
| BSB:   | ·  | First payment   | First payment date:                |                                 |   |  |
|  |  |   | Final payment date (optional):     |                                 |   |  |
| ALTERATIO  | N TO EXISTING AU   | JTHORITY  |                                    |                                 |   |  |
| Details of Financ  | ial Institution  |   |                                    |                                 |   |  |
| Name:  |  | Amount: \$  |                                    |                                 |   |  |
| Address:   |  | Frequency:  | ☐ Weekly                           | ☐ Fortnightly                   |   |  |
| Details of Accoun  | nt to be Debited   |   | ☐ Monthly                          | Quarterly                       |   |  |
| Account name:  |  |   |                                    |                                 |   |  |
| BSB:   | ·  | First payment   | t date:                            |                                 |   |  |
| Account no.:   |  | Final paymen  | Final payment date (optional):     |                                 |   |  |
| <b>SUSPENSIO</b>   | N  |   |                                    |                                 |   |  |
| Final payment date   | e:   | Recommence  | Recommence payment on:             |                                 |   |  |
| CANCELLAT  | ΓΙΟΝ   |   |                                    |                                 |   |  |
| Final payment amo  | ount: \$   | Final paymen  | Final payment date:                |                                 |   |  |
| the terms of the Se<br>debiting a joint acc<br>director and the co   | s section, please read the Se<br>ervice Agreement and confir<br>count, please have all accou | ervice Agreement following.<br>rm that the details on this fo<br>int holders sign. If the accou<br>. If you are signing for and c | rm have been o<br>int is held by a | checked and are company, please | correct. If e have one  |  |
| Signature:   |  | Signature:  |                                    |                                 |   |  |
| Date:  |  | Date:   |                                    |                                 |   |  |
| Office Use Only  | DDF Auth No:   | Loaded by:  |                                    | Date loaded:                    |   |  |

#### **Direct Debit Request Service Agreement**

#### **Definitions**

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us, including the direct debit request.

Business day means a day other than a Saturday or a Sunday or a listed public holiday.

Debit day means the day that payment is due.

Debit payment means a particular transaction where a debit is made, according to your direct debit request.

Direct debit request means the Direct Debit Request between us and you.

Us and we and our means the Diocesan Development Fund.

You means the customer(s) who signed the direct debit request.

Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

## 1. Debiting your account

By signing a *direct debit request*, *you* have authorised us to arrange for funds to be debited from *your account* according to the *agreement we* have with *you*.

We will only arrange for funds to be debited from your account:

• as authorised in the *direct debit request*,

If the *debit day* falls on a day that is not a business day, we may direct *your financial institution* to debit *your account* on the following or previous *business day*. If *you* are unsure about which day *your account* has or will be debited, please check with *your financial institution*.

# 2. Changes by you

If you wish to stop or defer a debit payment you must write to us at least 5 business days before the next debit day. This notice should be given to us in the first instance.

### 3. Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made.

If there are insufficient clear funds available in *your* account to meet a debit payment:

 you or your account may be charged a fee and/or interest by your financial institution;

- you or your account may be charged a fee to reimburse us for charges we have incurred for the failed transaction;
- you must arrange for the payment to be made by another method

Please check *your account* statement to verify that the amounts debited from *your account* are correct.

#### 4. Dispute

If you believe that there has been an error in debiting your account you should call us on 07 4887 3090 and confirm the details in writing with us as soon as possible so that we can resolve your query quickly.

#### 5. Accounts

You should check;

- with your financial institution whether direct debiting is available from your accounts offered by financial institutions.
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

Warning: if the *account* number *you* have quoted is incorrect, *you* may be charged a fee to reimburse *our* costs in correcting any deductions from:

- an account you do not have authority to operate;
   or
- an account you do not own.

## 6. Confidentiality

We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. However, we may use your contact details to provide information about the fund. Should you wish this not to be the case, please advise the fund in writing.