



Boori Preschool Direct Debit Request (DDR)

Request and Authority to debit the account named below to pay

SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION 405769

Request and Authority to debit	<p>Name of Child/ren <input style="width: 90%;" type="text"/></p> <p>Parent/Care Giver Surname <input style="width: 90%;" type="text"/></p> <p>Parent/Care Giver Given Name/s <input style="width: 90%;" type="text"/></p> <p>“you” request and authorise South Coast Medical Service Aboriginal Corporation, 405769 to arrange, through its own financial institution, a debit to your nominated account any amount South Coast Medical Service Aboriginal Corporation has deemed payable by <i>you</i>.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Type of payment/ Periodic Amount:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; width: 80%;">Boori Preschool Fees</div> <p>\$ _____</p> <p>**Nominated amount MUST cover all fees payable for each week / fortnight**</p> </td> <td style="width: 50%; padding: 5px;"> <p>Frequency:</p> <p>Weekly <input type="checkbox"/> Fortnightly: <input type="checkbox"/></p> <p>(Please note: Direct Debits occur on Thursdays only)</p> <p>Commencement Date of Direct Debit: _____</p> </td> </tr> </table> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>	<p>Type of payment/ Periodic Amount:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; width: 80%;">Boori Preschool Fees</div> <p>\$ _____</p> <p>**Nominated amount MUST cover all fees payable for each week / fortnight**</p>	<p>Frequency:</p> <p>Weekly <input type="checkbox"/> Fortnightly: <input type="checkbox"/></p> <p>(Please note: Direct Debits occur on Thursdays only)</p> <p>Commencement Date of Direct Debit: _____</p>
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Insert the name and address of financial institution at which your account is held	<p>Financial institution name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p>		
Insert details of account to be debited	<p>Name/s on account <input style="width: 90%;" type="text"/></p> <p>BSB number (Must be 6 digits) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>Account number <input style="width: 90%;" type="text"/></p>		
Acknowledgement	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION as set out in this request and in your Direct Debit Request Service Agreement.</p>		
Insert your signature and address	<p>Signature <input style="width: 60%;" type="text"/> Date <input style="width: 20%;" type="text"/></p> <p>Name <input style="width: 60%;" type="text"/> Position <input style="width: 20%;" type="text"/></p> <p><i>(if signing for a company, sign and print full name and capacity for signing eg. Director)</i></p> <p>Address <input style="width: 90%;" type="text"/></p>		
Second account signatory (if required)	<p>Signature <input style="width: 60%;" type="text"/> Date <input style="width: 20%;" type="text"/></p> <p>Name <input style="width: 60%;" type="text"/> Position <input style="width: 20%;" type="text"/></p> <p><i>(if signing for a company, sign and print full name and capacity for signing eg. Director)</i></p> <p>Address <input style="width: 90%;" type="text"/></p>		



Boori Preschool Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with **SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION, ABN 46897866758**. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions	<p>account means the account held at <i>your financial institution</i> from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between <i>you</i> and <i>us</i>.</p> <p>banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by <i>you</i> to <i>us</i> is due.</p> <p>debit payment means a particular transaction where a debit is made.</p> <p>direct debit request means the Direct Debit Request between <i>us</i> and <i>you</i>.</p> <p>us or we means SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION, (the Debit User) <i>you</i> have authorised by requesting a <i>Direct Debit Request</i>.</p> <p>you means the customer who has signed or authorised by other means the <i>Direct Debit Request</i>.</p> <p>your financial institution means the financial institution nominated by <i>you</i> on the DDR at which the <i>account</i> is maintained.</p>
1. Debiting your account	<p>1.1 By signing a <i>Direct Debit Request</i> or by providing <i>us</i> with a valid instruction, <i>you</i> have authorised <i>us</i> to arrange for funds to be debited from <i>your account</i>. <i>You</i> should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between <i>us</i> and <i>you</i>.</p> <p>1.2 We will only arrange for funds to be debited from <i>your account</i> as authorised in the <i>Direct Debit Request</i>.</p> <p style="text-align: center;">or</p> <p>We will only arrange for funds to be debited from <i>your account</i> if we have sent to the address nominated by <i>you</i> in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by <i>you</i> to <i>us</i> and when it is due.</p> <p>1.3 If the <i>debit day</i> falls on a day that is not a <i>banking day</i>, we may direct <i>your financial institution</i> to debit <i>your account</i> on the following <i>banking day</i>. If <i>you</i> are unsure about which day <i>your account</i> has or will be debited you should ask <i>your financial institution</i>.</p> <p>1.4 SCMSAC will debit <i>your nominated account</i> on Thursdays only.</p>
2. Amendments by us	<p>2.1 We may vary any details of this <i>agreement</i> or a <i>Direct Debit Request</i> at any time by giving <i>you</i> at least fourteen (14) days written notice.</p>
3. Amendments by you	<p>3.1 You may change*, stop or defer a debit payment, or terminate (cancel) this agreement at any time by providing us with at least fourteen (14) days notification by writing to:</p> <p style="margin-left: 20px;">South Coast Medical Service Aboriginal Corporation PO Box 548 Nowra NSW 2541</p> <p style="text-align: center;">or</p> <p style="margin-left: 20px;">by telephoning us on 02 4448 0200 during business hours;</p> <p style="text-align: center;">or</p> <p style="margin-left: 20px;">arranging it through your own financial institution, which is required to act promptly on your instructions.</p> <p>*Note: in relation to the above reference to 'change', your financial institution may change your debit payment only to the extent of advising us SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION of your new account details.</p>

<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <ul style="list-style-type: none"> a) <i>you</i> may be charged a fee and/or interest by <i>your financial institution</i>; b) <i>you</i> may also incur fees or charges imposed or incurred by <i>us</i>; and c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that <i>we</i> can process the <i>debit payment</i>. <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct.</p>
<p>5. Disputes</p>	<p>5.1 If you believe there has been an error in debiting <i>your account</i>, <i>you</i> should notify us directly on 02 4448 0200 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.</p> <p>5.2 If we conclude as a result of our investigations that <i>your account</i> has been incorrectly debited, we will respond to <i>your</i> query by arranging for <i>your financial institution</i> to adjust <i>your</i> account (including interest and charges) accordingly. <i>We</i> will also notify you in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited we will respond to <i>your</i> query by providing <i>you</i> with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <ul style="list-style-type: none"> a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available through BECS on all accounts offered by financial institutions. b) <i>your</i> account details which <i>you</i> have provided to <i>us</i> are correct by checking them against a recent <i>account</i> statement; and c) with <i>your financial institution</i> before completing the <i>Direct Debit Request</i> if <i>you</i> have any queries about how to complete the <i>Direct Debit Request</i>.
<p>7. Confidentiality</p>	<p>7.1 <i>We</i> will keep any information (including <i>your account</i> details) in <i>your Direct Debit Request</i> confidential. <i>We</i> will make reasonable efforts to keep any such information that <i>we</i> have about <i>you</i> secure and to ensure that any of <i>our</i> employees or agents who have access to information about <i>you</i> do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 <i>We</i> will only disclose information that <i>we</i> have about <i>you</i>:</p> <ul style="list-style-type: none"> a) to the extent specifically required by law; or b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).
<p>8. Notice</p>	<p>8.1 If <i>you</i> wish to notify <i>us</i> in writing about anything relating to this <i>agreement</i>, <i>you</i> should write to:</p> <p>South Coast Medical Service Aboriginal Corporation PO Box 548 Nowra NSW 2541</p> <p>8.2 <i>We</i> may send notices either electronically to your email address or by ordinary post to the address <i>you</i> have given us.</p> <p>8.3 Any notice will be deemed to have been received on the third <i>banking day</i> after emailing or posting.</p>