

**Seventh-day Adventist Schools (Northern Australia) Ltd
Carlisle Adventist College Campus
ABN 13 106 906 496**

Direct Debit Request (DDR)

You may contact us as follows:-

Phone: 07 4942 7455
Email: reception@carlisle.adventist.edu.au
Mail: PO Box 10419
MT PLEASANT QLD 4741

All communication addressed to us should include your Customer Number.

PART A - Your Details

Customer Number:

Customer Name:

Phone Number:

Email Address:

Address:

State: Postcode:

PART B - Schedule

Date of First Payment: e.g. 19 Jun 2015

- Frequency:
- Weekly
 - Fortnightly
 - Monthly
 - Quarterly
 - 6 monthly
 - Yearly

Payment Amount: Payment Amount for each debit

Number of Payments: Continue until further notice

OR

Stop after Payments

If the scheduled date is not a banking day, the debit will take place on the next banking day.

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PART C - Cheque/Savings Account or Credit Card Authorisation

I/We request and authorise Seventh-day Adventist Schools (Northern Australia) Ltd to arrange, through its own financial institution, a debit to your nominated account any amount Seventh-day Adventist Schools (Northern Australia, has deemed payable by you. 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.

Financial Institution:

Branch:

Account Name:

BSB No. -

Account Number:

I/We request and authorise Acknowledgement. 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 the debit arrangements between you and Seventh-day Adventist Schools (Northern Australia) Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: Date:

Signature: Date:

If debiting from a joint bank account, both signatures are required.

OR

I request you Seventh-day Adventist Schools (Northern Australia) Ltd to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card Number:

Expiry Date: MM / YY

Cardholder Name:

Signature: Date:

Completed Application

Return your completed application by mail to:-

Mail: PO Box 10419
MT PLEASANT, QLD, Australia 4741

Customer Direct Debit Request (DDR) Service Agreement

This is your Direct Debit Service Agreement with Seventh-day Adventist Schools (Northern Australia) Ltd. 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.

HOW TO CONTACT US

Enquiries

You can contact us directly or alternatively contact your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. You may contact us as follows:-

Phone:	07 4942 7455
Email:	reception@carlisle.adventist.edu.au
Mail:	PO Box 10419 MT PLEASANT QLD 4741

All communication addressed to us should include your Customer Number.

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*.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

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

debit day means the day that payment by *you* to *us* is due.

us or **we** means Seventh-day Adventist Schools (Northern Australia) Ltd, (000000) *you* have authorised by requesting a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

Debiting *your account*

By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

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

Amendments by *us*

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least **fourteen (14) days** written notice.

Amendments by *you*

You may change, stop or defer a *debit payment*, or terminate this agreement by providing *us* with at least 7 days notification by writing to:

PO Box 10419, Mt PLEASANT QLD 4741

or

by telephoning *us* on 07 4942 7455 during business hours;

or

arranging it through *your financial institution*, which is required to act promptly on your instructions.

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 in accordance with the *Direct Debit Request*.

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

- *you* may be charged a fee and/or interest by *your financial institution*;
- *you* may also incur fees or charges imposed or incurred by *us*; and
- *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

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

Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 07 4942 7455 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*.

If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

You should check:

- with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all 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*.

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.

We will only disclose information that *we* have about *you*:

- to the extent specifically required by law; or
- for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to

Carlisle Adventist College
PO Box 10419
MT PLEASANT QLD 4741

We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.