



Australian Nursing Federation ACT Branch

ABN: 41 698 088 660

President: A. Rosborough Secretary: J. Miragaya

Direct Debit Request (DDR) Form – Fortnightly

Details of the Account to be Debited *(all details must be supplied)*

Name of the Financial Institution _____

Account Name _____

BSB Number ____ - ____ Account Number ____ - ____ - ____ - ____ - ____ - ____

Customers' Authority

I/We _____
Print name of customer(s) requesting the direct debit

Authorise you **Australian Nursing Federation ACT Branch**
Name of Debit User

066071
APCA User ID

- To arrange for funds to be debited from my/our account at the financial institution identified above and as prescribed through the Bulk Electronic Clearing System (BECS).
- To verify the details of the abovementioned account with my/our Financial Institution.
- To release information allowing the verification of the abovementioned account details.

This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Signature (1) _____ Date ____/____/____

Signature (2) _____ Date ____/____/____

"THE COLLECTIVE MUCH STRONGER THAN THE INDIVIDUAL"

OFFICE: 3/36 Botany Street, Phillip ACT 2606

POSTAL: PO Box 1995, Woden ACT 2606

PHONE: 02 6282 9455

FAX: 02 6282 8447

EMAIL: actanf@actanf.org.au

WEB: www.actanf.org.au

Direct Debit Request (DDR) Service Agreement

The following is your Direct Debit Service Agreement with ANF ACT Branch. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

ANF
ACT Branch

ABN 41 698 088 660

PO Box 1995
Woden ACT 2606

Phone: (02) 6282 9455

Fax: (02) 6282 8447

www.actanf.org.au

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 Sunday or a public holiday listed throughout Australia

debit day means the day that payments 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.

us or we means **Australian Nursing Federation ACT Branch** (the Debit user) you have authorised by signing a *direct debit request*.

you means the customer who signed the *Direct Debit Request*.

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

(c) 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*.

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

4.4 If **ANF ACT Branch** is liable to pay goods and services tax (GST) on a supply made in connection with this *agreement*, then you agree to pay **ANF ACT Branch** on demand an amount of equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. DISPUTE

5.1 If you believe that there has been an error in debiting *your account*, you should notify us directly on 6282 9455 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 with your financial institution direct.

5.2 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.

5.3 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.

6. ACCOUNTS

You should check:

(a) 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.

(b) *your account* details which you have provided to us are correct by checking them against a recent *account* statement, and

(c) with *your financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*.

7. CONFIDENTIALITY

7.1 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 disclose of that information.

7.2 We will only disclose information we have about you:

(a) to the extent specifically required by law; or

(b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. NOTICE

8.1 If you wish to notify us in writing about anything relating to this *agreement*, you should write to ANF ACT Branch, PO Box 1995, Woden ACT 2606.

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

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

1. DEBITING YOUR ACCOUNT

1.1. By signing a *Direct Debit Request*, 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.

1.2. 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.

1.3. 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*.

2. AMENDMENTS BY US

2.1. 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.

3. AMENDMENTS BY YOU

3.1. You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least seven (7) days' notification by writing to:

ANF ACT Branch
PO Box 1995
Woden ACT 2606

or

by telephoning us on 6282 9455 between 9am and 5pm Monday to Friday

4. YOUR OBLIGATIONS

4.1. 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*.

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

(a) you may be charged a fee and/or interest by your *financial institution*;

(b) you may also incur fees or charges imposed or incurred by us; and