

## MEMBERSHIP FEE DIRECT DEBIT FORM

Request and Authority to debit the account named below to pay NATIONAL HEALTH CO-OP	
<b>Request and Authority to debit</b>	<p>Surname: .....</p> <p>Given names: .....</p> <p>I authorise National Health Co-op (Debit user Identification Number 479507) to arrange for my Membership to be debited through the Bulk Electronic Clearing System from the nominated account below subject to the terms and conditions of the Direct Debit Service Agreement (and any other further instructions provided below).</p>
<b>Insert the name and address of the financial institution at which the account is held</b>	<p>Financial Institution Name: .....</p> <p>Address: .....</p>
<b>Insert details of account to be debited</b>	<p>Name of account holder: .....</p> <p>BSB Number: .....</p> <p>Account Number: .....</p>
<b>OR</b>	
<p>Please tick one:    <input type="checkbox"/> MasterCard        <input type="checkbox"/> Visa</p> <p>Name on Credit Card: .....</p> <p>Credit Card: _____ - _____ - _____ - _____    Expiry: ___ / ___</p>	
<b>Payment details</b>	<p>Direct debits will be made monthly and continue until you advise.</p> <p>Please tick one: <input type="checkbox"/> Non-concession (\$10/month)    <input type="checkbox"/> Concession (\$5/month)</p> <p>A \$30 joining fee must be paid up front for new members and lapsed memberships.</p>
<b>Acknowledgement</b>	<p>By signing this direct debit request, I acknowledge having read and understood the terms and conditions governing the debit arrangements between myself and National Health Co-op, as set out in this Direct Debit Request and the attached National Health Co-op Membership - Direct Debit Service Agreement.</p>
<b>By signing and inserting your address you are agreeing to a <u>minimum of 12 months membership.</u></b>	<p>Signature: .....</p> <p>Postal Address: .....</p> <p>Email Address: .....</p> <p>Date: ...../...../.....</p>

## DIRECT DEBIT SERVICE AGREEMENT

This is your Direct Debit Service Agreement with National Health Co-op (Debit user Identification Number 479507, ABN 36 598 686 366). 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**

**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 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*.

**us** or **we** means National Health Co-op (the Debit User) *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.

### **1. Debiting your account**

1.1 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*.

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 postal or email 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.

2.2 By entering into this agreement, *you* authorise National Health Co-op to alter the amount to be debited in the event of changes to the membership rates or arrears payment.

2.3 *You* authorise National Health Co-op to alter the amount from the appropriate date in accordance with such changes.

### **3. Amendments by you**

*You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) days notification, following twelve (12) months membership by writing to: National Health Co-op, PO Box 521 Jamison Centre ACT 2614;

**or** by emailing *us* on [directdebit@nhc.coop](mailto:directdebit@nhc.coop);

**or** by telephoning *us* on **02 6178 0400** during business hours;

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

#### **4. Your obligations**

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account on the first day of each month 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

(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

#### **5. Dispute**

5.1 If *you* believe that there has been an error in debiting *your* account, *you* should notify *us* directly on [directdebit@nhc.coop](mailto:directdebit@nhc.coop) as soon as possible so that *we* can resolve *your* query more quickly. Alternatively *you* can take it up directly with *your* financial institution.

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 disclosure of that information.

7.2 *We* will only disclose information that *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 National Health Co-op, PO Box 521 Jamison Centre ACT 2614 or email [directdebit@nhc.coop](mailto:directdebit@nhc.coop).

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*.

**or**

If *you* have provided *us* with an email address, to that email address.

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