



Achieving the best public health care, research and education for the Gold Coast community

DIRECT DEBIT REQUEST (DDR)

Gold Coast Hospital Foundation
PO Box 23, Griffith University QLD 4222
Phone: 07 5594 6986 | www.gchfoundation.org.au

Request and Authority to debit the account named below to pay Gold Coast Hospital Foundation APCA ID 443287

Please complete this form and return to Gold Coast Hospital Foundation. Retrun instructions can be found on the final page of this document.

Request and Authority to debit Your surname or company name
Your given names or ABN/ARBN "you"

request and authorise **Gold Coast Hospital Foundation ID 443287** to arrange, through its own financial institution, a debit to your nominated account any amount **Gold Coast Hospital Foundation ID 443287** has deemed payable by you.

Periodic Amount/Type of Payment \$ <input type="text"/>	Frequency or Agreed Invoice Amount <input type="text"/>	(Tick if applicable) <input type="checkbox"/>
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This debit or charge will be made though 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.

Insert the name and address of financial institution at which your account is held
Financial institution name
Address

Insert details of account to be debited
Name/s on account
BSB number (must be 6 digits) -
Account number

Acknowledgment
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 **Gold Coast Hospital Foundation, ID 443287** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address
Signature Date
Full Name Position
Address

Second account signatory (if required)
Signature Date
Full Name Position
Address

DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with **Gold Coast Hospital Foundation, ID 443287, ABN 95 387 912 125**. 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 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.

us or we means **Gold Coast Hospital Foundation**, (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.

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| 1. Debiting your account | <p>1.1 By signing a <i>Direct Debit Request</i> or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your <i>account</i>. You should refer to the <i>Direct Debit Request</i> and this <i>agreement</i> for the terms of the arrangement between us and you.</p> <p>1.2 We will only arrange for funds to be debited from your <i>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 your <i>account</i> if we have sent to the address nominated by you in the <i>Direct Debit Request</i>, a billing advice which specifies the amount payable by you to us 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 your <i>financial institution</i> to debit your <i>account</i> on the following <i>banking day</i>. If you are unsure about which day your <i>account</i> has or will be debited you should ask your <i>financial institution</i>.</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 you 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 30 days notification by writing to:</p> <p style="text-align: center;">admin@gchfoundation.org.au</p> <p style="text-align: center;">or</p> <p>by telephoning us on 07 5594 6986 during business hours;</p> <p style="text-align: center;">or</p> <p>arranging it through your own financial institution, which is required to act promptly on your instructions.</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, **Gold Coast Hospital Foundation**, of your new *account* details.

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*:
- 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*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.
5. *Disputes*
- 5.1 If *you* believe there has been an error in debiting *your* account, *you* should notify *us* directly at **Gold Coast Hospital Foundation** 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*.
- 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:
- with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available through BECS 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*.
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*:
- to the extent specifically required by law; or
 - 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:
- Finance Department**
Gold Coast Hospital Foundation
PO Box 23, Griffith University, QLD 4222
- 8.2 *We* may send notices either electronically to *your* email address or by ordinary post to the address *you* have given *us*.
- 8.3 Any notice will be deemed to have been received on the third *banking day* after emailing or posting.

Please return completed form us by post or email

To return via post, please send to:
Gold Coast Hospital Foundation
PO Box 23, Griffith University QLD 4222

To return via email, please send to:
Chris Braat
chris@gchfoundation.org.au