



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 [input field]

Your given names or AbN/ArbN [input field] "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 field]
Frequency or Agreed invoice Amount [input field] (tick if applicable) [checkbox]

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 [input field]

Address [input field]

insert details of account to be debited

Name/s on account [input field]

bsb number (must be 6 digits) [input field] - [input field]

Account number [input field]

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 [input field] Date [input field]

Full Name [input field] Position [input field]

Address [input field]

second account signatory (if required)

signature [input field] Date [input field]

Full Name [input field] Position [input field]

Address [input field]

Direct Debit request service Agreement

Gold coast Hospital Foundation
PO box 23, Griffith university QLD 4222
Phone: 07 5594 6986 | www.gchfoundation.org.au

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 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.</p> <p>1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.</p> <p style="text-align: center;">or</p> <p>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.</p> <p>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.</p> |
| 2. Amendments by us | <p>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.</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:
 - 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. 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:
- a) 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.
 - 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:
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:
Kim Sutton
kim@gchfoundation.org.au