

Direct Debit Request Authority

Request and Authority to debit the account named below to pay Campbelltown City Council

Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Request and Authority to Debit	Surname	
	Given names	
	Request and authorise Campbelltown City Council (93533) to arrange for any amount Campbelltown City Council may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Healthy Lifestyles Direct Debit Request Service Agreement (and any further instructions provided below).	
Insert the name of the financial institution at which account is held	Financial institution name	
	Branch	
Insert bank account details to be debited	Account Name	
	BSB Number	
	Account Number	
Insert credit card details to be debited	Type of Card	Mastercard / Visacard
	Credit Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Card Expiry Date	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Cardholders Name	
	Cardholders Signature	
	ALL CREDIT CARD PAYMENTS WILL INCUR A MERCHANT SERVICE FEE SURCHARGE OF 0.80%	
Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Campbelltown City Council as set out in this request and in your Healthy Lifestyles Direct Debit Request Service Agreement.	
Details of Direct Debit	Please deduct an amount of \$ _____ monthly for 12 months.	
	The first scheduled debit will occur on approx. _____	
All direct debits are a 12 month agreement with a minimum three (3) month commitment. To stop debits, you must notify Council in writing informing Council that you wish to cancel prior to the debit occurring, as per the terms and conditions.		
	Membership No.	
Insert your signature and address	Signature	
	Address	
	Home No.	
	Email Address	
	Mobile No.	
	Date	

Healthy Lifestyles Direct Debit Request Service Agreement

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*

Business 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* (and includes any Form PD-C approved for use in the *transitional period*.)

Us or we means Campbelltown City Council who you have authorised by signing a *direct debit request*.

You means the customer who signed the *direct debit request*.

Your financial institution is the financial institution where *you* hold the account that *you* have authorised *us* to arrange to debit

Merchant Service Fee (MSF) is the credit card commission passed on to customers for using credit cards. All credit card payments will incur a Merchant Service Fee surcharge of 0.80%.

1. Debiting your account

1.1 By signing a *Direct Debit Request Authority*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *Authority* and this *agreement* for the terms of the arrangements between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised in the *Authority* **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 *business day*, we may direct your *financial institution* to debit *your account* on the following *business day*. If *you* are unsure about which day *your account* has or will be debited, *you* should ask your *financial institution*.

1.4 Monthly instalments on *Direct Debit Request Authority* will occur on the 30th (except February) of the month.

1.5 By selecting a credit card account to debit your payments, *you* have agreed to pay the Merchant Service Fee of 0.80% in addition to your normal fees.

2. Changes 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 five (5) days' written notice.

2.2 Unless suitable arrangements are made to clear an amount due as a result of a dishonoured direct debit, the direct debit shall be cancelled after a period of 14 days.

3. Changes by you

3.1 If *you* wish to amend a *debit payment*, *you* must notify *us* in writing at least five (5) days before the next *debit day*.

3.3 *You* may also cancel *your* authority for *us* to debit *your account* at any time by giving *us* five (5) days notice in writing before the next *debit day*.

4. Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* 1 day before and two days after the due date to allow a debit payment to be made in accordance with the *Authority*.

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 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 National Australia Bank Limited ACN 004 044 937 ("nab") is liable to pay goods and services tax ("GST") on a supply made by the nab in connection with this *agreement*, then *you* agree to pay the nab on demand an amount 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 (02) 4645 4407 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query in a timely manner.

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 the error to be corrected, any associated costs incurred by *you* may be reimbursed upon consideration of Council.

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.

5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

6. Accounts You should check:

6.1 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.

6.2 *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and

6.3 with *your financial institution* before completing the *Authority* if *you* have any queries about how to complete the *Authority*.

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 The General Manager Campbelltown City Council, PO Box 57, CAMPBELLTOWN NSW 2560.

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 two *business days* after it is posted.

9. Refunds

9.1 For information regarding Councils policy on refunds, please visit Campbelltown.nsw.gov.au and follow the links

DATA AND DOCUMENT CONTROL