



# **Direct Debit Request**

Please complete this form if you require payments to be debited from your nominated bank account. SA Water does not accept credit cards for direct debit arrangements.

Customer Details	
I/WeSA Water Corporation (User ID 67201) to arrange financial institution identified below through the	ge for funds to be debited from my/our account at the
This Direct Debit Request is to remain in force Debit Service Agreement. The Agreement can be	e in accordance with the terms described in the Direct found on page 4 of this document.
SA Water account number:	
Print page 3 of this form if you have more than o	
Address of property:	
Property owner name:	Telephone:
Postal address:	
Email address:	
Please provide a password for use on your SA W	ater account:
(Password must contain 6-8 characters with at least	
In the event you forget your password please provide	e a keyword or question to assist you:
This will be used for identification when making enqu	uiries.
Financial Institution Account Details All de	etails must be supplied
Name of financial institution:	
Name(s) on account:	
Branch (where account is held):	
BSB number: Bank ac	ccount number:





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#### **Payment Details**

I/We request that you debit my/our account/s (see Page 3 if more than one account) in accordance with the terms described in the Direct Debit Service Agreement.

Please tick Option 1 or Option 2
Option 1 Automatic payment  This option will automatically debit the quarterly amount on your account, on the due date.
Option 2 Periodic payments Please nominate frequency of payment  Fortnightly Weekly Four weekly Monthly
Amount to be debited: \$  First payment date:/ / Ongoing or Final payment date:/ / (If applicable)
Declaration
<ul><li>I/We authorise the following in accordance with the terms described in the Direct Debit Service Agreement on page 4 of this document and subject to the following conditions.</li><li>The debit user to verify the details of the above mentioned account with my/our financial institution.</li></ul>
2. The financial institution to release information allowing the debit user to verify the above mentioned account details.
Customer signature(s): X X
Date / / Contact telephone number: ( )
The information requested on this form is for the purpose of providing you with direct debit payment

facilities. Your personal information will only be used or disclosed for purposes relating to your direct payment facility in accordance with the State Government Information Privacy Principles. If you wish to

**Return completed Direct Debit Request by:** 

update or access the information that we hold about you, please contact us.

**Fax:** (08) 7003 3332

**Email:** directdebit@sawater.com.au

Post: SA Water (Receivings)

GPO Box 1751 Adelaide SA 5001









## **Direct Debit Request** – for additional properties

This page only needs to be completed if you have more than one account number you would like included in the direct debit arrangement. Please make additional copies of this page if required. SA Water account number \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Address of property \_\_\_\_\_\_ **Payment Details** I/We request that you debit my/our account/s in accordance with the terms described in the Direct Debit Service Agreement. Please tick Option 1 or Option 2 **Automatic payment Option 1** This option will automatically debit the quarterly amount on your account, on the due date. Periodic payments Please nominate frequency of payment Option 2 Weekly Four weekly Monthly Fortnightly Amount to be debited: \$ First payment date: \_\_\_/ \_\_\_ / \_\_\_ Ongoing or Final payment date: \_\_\_/ \_\_\_ / \_\_\_ (If applicable) Address of property \_\_\_\_\_ **Payment Details** I/We request that you debit my/our account/s in accordance with the terms described in the Direct Debit Service Agreement. Please tick Option 1 or Option 2 **Option 1 Automatic** payment This option will automatically debit the quarterly amount on your account, on the due date. **Option 2** Periodic payments Please nominate frequency of payment Fortnightly Weekly Four weekly Monthly Amount to be debited: \$

First payment date: \_\_\_ / \_\_\_ / \_\_\_ Ongoing or Final payment date: \_\_\_ / \_\_\_ / \_\_\_ (If applicable)









## **Direct Debit Service Agreement**

### 1. Debiting your Account

By signing a Direct Debit Request (DDR) you have authorised SA Water to arrange for funds to be debited from your nominated savings or cheque account. SA Water will debit your account in accordance with the conditions below.

SA Water will only arrange for funds to be debited from your account as authorised in the DDR.

If the debit 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.

Direct debit is a method of payment and not an acceptance of a payment arrangement to clear arrears unless it has been approved by the Corporation. SA Water does not currently accept credit cards for Direct Debit.

### 2. Changes Made by SA Water

SA Water may vary any details of this agreement of DDR at any time by giving you at least fourteen days written notice.

#### 3. Customer Changes

For all matters affecting the direct debit arrangements the customer needs to:

- Contact SA Water directly on **1300 650 950** or email **directdebit@sawater.com.au** and;
- Notify SA Water at least five working days before the next debit day to stop or defer a debit payment;
- Notify SA Water at least five working days before the next debit day to arrange cancellation of authority to us.

## 4. Your Obligations

It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a direct debit payment to be made in accordance with DDR.

If there are insufficient clear funds in your account to meet a payment:

- You may be charged a fee and/or interest by your financial institution;
- You may also incur fees imposed by SA Water, and;
- You must arrange for the payment to be made by another method.

You should check your account statement to verify the amount has been debited.





#### 5. Disputes

If you believe there has been an error in debiting your account you should contact us on **(08) 7424 1058** and confirm this in writing with us as soon as possible. Email: **directdebit@sawater.com.au** 

If we conclude that your account has been incorrectly debited we will arrange for your account to be reimbursed with the incorrectly debited amount.

If we conclude that your account has not been incorrectly debited we will provide you with reasons and any evidence of this finding.

#### 6. Accounts

#### You should check:

- With your financial institution to find out whether direct debiting through the bulk electronic clearing system (BECS) is available for your account, as direct debiting is not available on all accounts offered by financial institutions;
- Your account details against a recent account statement to ensure they are correct;
- With your financial institution, if you are unsure how to complete the account details on the DDR.

#### 7. Confidentiality

Your records and account details will be kept private and confidential. Those details will only be disclosed if you or your financial institution requests them in connection with your direct debit payment arrangement.

#### 8. Privacy

The information requested on this form is for the purpose of providing you with direct debit payment facilities. Your personal information will only be used or disclosed for purposes relating to your direct debit payment facility in accordance with the State Government Information Privacy Principles. If you wish to update or access the information that we hold about you, please contact us.



