

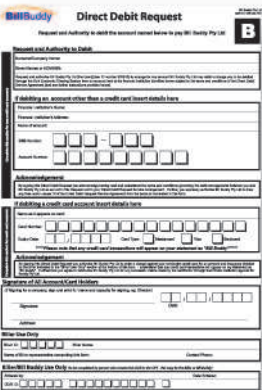


New Customer Registration Kit


This kit contains instructions and all necessary forms for setting up new customers with Bill Buddy. If you require any assistance with this process please don't hesitate to contact your Account Manager or phone Bill Buddy on 1300 30 32 78.

1.  **Action:** Give a copy of the Direct Debit Request Service Agreement to the customer.


Who signs this form?
Nobody needs to sign this form. It is for the customers reference only.

2.  **Action:** The Direct Debit Request form should be completed by your customer with your assistance if necessary.
- Who signs this form?**
This form should be signed by the card holder/account holder whose account will be debited.

Important!
Customers who have entered credit card details must be advised that the transaction will appear on their statement as "Bill Buddy". We strongly advise you verify that the credit card details written on the form match those on the customers card. Likewise we advise that for non credit card customers you verify their account details by viewing a recent statement.

3.  **Action:** If you are NOT setting up the customer's schedule in the AutoPay Console yourself you need to complete this Biller Authority Form. This form gives Bill Buddy the details of when and how to debit your customers account/card.
- Who signs this form?**
This form should be signed by you (the Biller).

Important!
This form does not need to be given to the customer. This form does not need to be completed if you are setting up the customer's schedule in the AutoPay Console yourself.

4.  **Action:** Fax or mail the signed Direct Debit Request Form and Biller Authority Form (where applicable) to:
PO Box 6003, Gold Coast Mail Centre, QLD 9726
Fax: (07) 300 900 92



Direct Debit Request Service Agreement

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

1. You authorise Bill Buddy to debit your nominated account in the manner specified by your Biller. Your Biller is the organisation providing you with the product or service for which we are debiting your account.
2. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
3. You should contact your Biller if you wish to defer or alter any of the debit arrangements.
4. You will need to advise us in writing if you wish to cancel a Direct Debit Request. Such notice should be delivered to us at least one working day before the due date for payment or as otherwise stipulated in our Terms and Conditions.
5. If you wish to dispute any Debit Item you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
6. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
7. Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
8. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the directions of your Biller.
9. We will initiate the Debit Item on the due date as advised by your Biller. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment. Furthermore you authorise Bill Buddy to debit your account for our Dishonour Charge.
11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed. Further, we will share certain personal information with our contracted agents for statistical purposes only. This does NOT include your bank account or credit card details.

Direct Debit Request

Request and Authority to debit the account named below to pay Bill Buddy Pty Ltd

☐

Place a tick in this box if this form is providing new account details for an existing customer.



Request and Authority to Debit

Surname/Company Name:

Given Names or ACN/ABN:

Request and authorise Bill Buddy Pty Ltd (the User)(User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd 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 Direct Debit Service Agreement [and any further instructions provided below].

If debiting an account other than a credit card insert details here

Financial Institution's Name:

Financial Institution's Address:

Name of account:

BSB Number:

 -

Account Number:

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out in this Request and in your Direct Debit Request Service Arrangement. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees under clause 10 of the Direct Debit Request Service Agreement from the account nominated in this form.

If debiting a credit card account insert details here

Name as it appears on card:

Card Number:

Expiry Date:

 /

Card Type:

☐

Mastercard

☐

Visa

☐

Bankcard

****Please note that any credit card transactions will appear on your statement as "Bill Buddy"****

Acknowledgement

By signing this Direct Debit Request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card for an amount and frequency directed by the Biller indicated in the "Biller User Only" section at the bottom of this form. I understand that any credit card transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the cardholder through their financial institution against Bill Buddy Pty Ltd.

Signature of All Account/Card Holders

(If Signing for a company, sign and print full name and capacity for signing, eg. Director)

Signature

 / /

Date

Address

Biller Use Only

Biller ID:

Biller Name:

Name of Biller representative completing this form:

Contact Phone:

Biller/Bill Buddy Use Only (to be completed by person who creates this DDR in the OPS- this may be the Biller or Bill Buddy)

Entered by:

Date Entered:

DDR ID:

Complete this section for non credit card accounts

Complete this section for credit card accounts

Biller Information

OPS Biller Number: <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/>	Biller Name: <input style="width: 90%; height: 30px; border: 1px solid black;" type="text"/>
Name of Biller representative completing this form: <input style="width: 80%; height: 30px; border: 1px solid black;" type="text"/>	Contact Phone: <input style="width: 50%; height: 30px; border: 1px solid black;" type="text"/>

Customer Information

Is there an existing Schedule/Biller Authority already in place for this customer?

☐ **No** ☐ **Yes**

Existing Bill Buddy Customer ID:

Is this Biller Authority a replacement or an addition to the existing Schedule/Biller Authority? ☐ **Replacement** ☐ **Addition**

Surname/Company Name:

Given Names or ACN/ABN: Email:

Address:

After Hours Phone: Daytime Phone: Mobile Phone:

Direct Debit Schedule

1. Payments: ☐ ONCE OFF (go to question 4) ☐ REPEAT (go to question 2)

2. Payments will stop:

☐ When the total amount of payments reaches \$ _____

☐ When the number of successful payments equals _____

☐ This date: / (payments may be taken on this date)

☐ Indefinitely (Bill Buddy will set the payments to stop approximately 5 years from the date of the first payment)

3. Frequency of Payments:

☐ Weekly on Mon / Tue / Wed / Thur / Fri

☐ Fortnightly on Mon / Tue / Wed / Thur / Fri

☐ Monthly on the day of every month

☐ Monthly on the 1st / 2nd / 3rd / 4th Mon / Tue / Wed / Thur / Fri of each month

4. Amount of each payment: \$ _____

5. Payments to commence from / /

Treatment of Transaction Fees

How should transaction fees & merchant fees (where applicable) be charged? *(please tick one box)*

☐ Added onto the amount specified in the schedule above

☐ Included in the the amount specified in the schedule above

☐ Half added onto the amount specified in the schedule above

Customer Requested Variation Treatment

Variation permitted <i>without</i> Biller approval	<input type="checkbox"/>
Variation permitted <i>with</i> Biller approval	<input type="checkbox"/>
Not permitted	<input type="checkbox"/>

Authorisation

We have the Customer's authority to charge the above amounts to them, and for Bill Buddy Pty Ltd to draw these amounts, and any dishonour fee or charges, in accordance with the Direct Debit Request signed by them in Bill Buddy's favour.

Signature of Biller's Authorised Representative

Name of Biller's Authorised Representative

Date

Bill Buddy Office Use Only

Entered by: <input type="text"/>	Schedule Name: <input type="text"/>
DDR ID: <input type="text"/>	Date Entered: <input type="text"/>