## **Card Services Direct Debit Request Form**



Please complete the following form using blue/black ink and capital letters and:

 Post: Card Services, PO Box 3666, Rhodes NSW 2138 or

E Fax:

1300 658 695 For more information, please contact us on:

## Phone: 1300 150 100

By setting up a direct debit on your Card, you never have to worry about missing a monthly payment. Direct debit automatically pays your Card account every month on or before the due date from the bank account of your choice. With this flexible option you can choose to pay any amount equal to or greater than the minimum payment.

This form authorises us to debit your account with another financial institution. Please be aware that under the Direct Debit Scheme regulations, we can only accept a direct debit drawn from a bank account in the name of the primary cardholder.

You have three options when organising your direct debit. Choose the option most convenient for you by ticking the relevant box on this form:

- Minimum repayment You can organise to only have the minimum amount paid to your Card each month. If you choose this option but would like to pay more, you can still use any of the alternative payment methods listed on your statement to pay the additional amount.
- Full statement balance Your Card is paid in full each month.
- Set monthly amount You can nominate a set amount to be paid to your Card each month. This set amount must be greater than the minimum payment due. If your closing balance is less than your set amount, the closing balance will be paid.

As soon as your direct debit facility has been set up, a message will appear on your statement. Until you see this message, please continue to make your payment by any of the alternative methods listed on your statement.

Primary cardholder details	DDR service agreement		
Card number	I understand and acknowledge that:		
First name	<ol> <li>My nominated financial institution may in its absolute discretion decide the order of priority of payment by it of any monies pursuant to this request or any authority or mandate.</li> </ol>		
Surname	<ol> <li>The financial institution may, in its absolute discretion, at any time by notice in writing to me, terminate this request as to future debits.</li> </ol>		
Daytime contact number	3. Card Services may, by prior notice, vary the timing of future debits.		
	<ol> <li>Monthly debits will be deducted on, or close to, the Payment Due Date on my statement. Where that date does not fall on a business day and I am uncertain where the statement finish a suitable to grant the direct debit.</li> </ol>		
Payment account details Name of financial institution	whether sufficient cleared funds will be available to meet the direct debit, I will contact the financial institution directly and ensure that sufficient cleared funds are available.		
Address of financial institution	<ol> <li>Any portion of my closing balance that exceeds my credit limit or is overdue will be included in my Direct Debit Request (DDR).</li> </ol>		
	<ol> <li>I can modify or defer this regular DDR at any time by giving Card Services 14 days notice, in writing.</li> </ol>		
Account name	<ol> <li>I can stop or cancel the regular DDR at any time by giving Card Services or my financial institution 14 days notice in writing.</li> </ol>		
Branch number (BSB) Account number	<ol> <li>If at any time I feel that a direct debit against my nominated account is inappropriate or wrong it is my responsibility to notify Card Services or my financial institution as soon as possible.</li> </ol>		
Service agreement	<ol> <li>Direct debiting through BECS is not available on all accounts. I will check my account details against a regular statement or check with the financial institution as to whether I can request a direct debit from my account.</li> </ol>		
I request you, Card Services (User ID 320357) until further notice in writing, to debit my account described above, with the following amount: Minimum Payment Due (as required by the Card – Conditions of Use) The full amount of the Closing Balance on my monthly statement	10. It is my responsibility to ensure that there are sufficient cleared funds in my nominated account to honour the DDR. I understand that the DDR may be automatically cancelled if three direct debit payments are dishonoured because of insufficient funds within a 12 month period. Card Services will give me 14 days notice in writing if they intend to cancel my DDR. Card Services will also charge the cost of dishonoured direct debits against my account.		
A set monthly payment amount*  \$ Please note: If you do not make a selection, you will automatically be placed on	<ol> <li>Card Services may need to pass on details of my direct debit request to their sponsor bank in BECS to assist with the checking of any incorrect or wrongful debits to my nominated account.</li> </ol>		
Minimum Payment Due option. * Must be greater than the Minimum Payment Due. If your Closing Balance is less than your set amount, the Closing Balance will be paid.	If you believe that there has been an error in debiting your account, you should notify us directly on 1300 150 100 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.		
Please sign			

By signing this request, I acknowledge I have read and understood the terms and conditions governing the arrangements between Card Services and myself as set out in this Direct Debit Request Service Agreement.

Signature	X			
Date (DD/MM/YY	YY)	/	/	

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