

This form is your request to pay the total amount of invoices automatically on the **due date** from your financial account or credit card.

You can return this form by:

Post: TransitCare, PO Box 981, MARSDEN QLD 4132

Email: finance@transitcare.com.au (*scanned image necessary as form requires signature*)

Section A: Personal Details

Surname	First Name
<input type="text"/>	<input type="text"/>
Title	Date of Birth
<input type="text"/>	<input type="text"/>

Section B: Contact Details

Residential Address

Postal Address (*if different from residential address*)

Home Telephone Number	Mobile Number
<input type="text"/>	<input type="text"/>

Email

Section C: Direct Debit Payment Details

Option 1: Direct Debit Payment from Credit Card

I request you, TransitCare Limited, to arrange for funds to be debited from my nominated credit card on the due date and according to the attached *Direct Debit Service Agreement*.

Card Type (*TransitCare does not accept American Express or Diners*) Visa MasterCard

Credit Card Number	Expiry Date
<input type="text"/>	<input type="text"/>

Name on Card

Signature

Full Name

Date

Option 2: Direct Debit Payment from Bank Account

I / we request and authorise TransitCare Limited (314011) to arrange, through its own financial institution, a debit to your nominated account any amount TransitCare Limited (314011), has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated above and will be subject to the terms and conditions of the *Direct Debit Request Service Agreement*.

Name of Financial Institution

Name of Account Holder

BSB

Account Number

Signature

Full Name

Date

Signature

Full Name

Date

If your bank, credit union or building society account is in joint names, both signatures are required.

This is your Direct Debit Service Agreement with TransitCare Limited (314011). 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.

How to Contact Us

You can contact us directly or alternatively contact *your financial institution*. This contact should be made at least 7 working days prior to the next scheduled drawing date.

Email: finance@transitcare.com.au
Phone: 1300 463 593
Post: TransitCare, PO Box 981, MARSDEN QLD 4132

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 a 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 TransitCare Limited (314011) *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.

Debiting Your Account

By signing a *Direct Debit Request*, or by providing *us* with a valid instruction, *you* have authorised TransitCare 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*.

We will only arrange for funds to be debited from your *account* as authorised on the *Direct Debit Request Form*.

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.

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*.

Amendments by Us

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.

Amendments by You

You may change, stop or defer a *debit payment*, or terminate this *agreement* by providing us with written notification allowing at least seven (7) business days for processing.

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If you wish to change your bank *account* details you will be required to cancel your existing Direct Debit and complete a new *Direct Debit Request* form.

Confidentiality

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.

We will only disclose information that we have about you:

- To the extent specifically required by law; or
- For the purposes of this *agreement* (including disclosing information in connection with any query or claim).

Your Obligations

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*.
- Advise us if the nominated *account* is transferred or closed or the *account* details change, and for credit cards, advise us of any changes to the card details.
- Arrange a suitable alternative payment method if the *Direct Debit Request* ends for any reason.
- Check the amounts debited in your *account* statement provided by your *financial institution* or credit card issuer.

Direct Debit Rejection

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

- You may be charged a fee and/or interest by your *financial institution*.
- 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*.
- TransitCare may, by notice to you in writing, cancel your *Direct Debit Request* should direct debits be repeatedly rejected by your *financial institution*.

Dispute

If you believe there has been an error in debiting your *account*, you should notify us directly on 1300 463 593 (option 4) to discuss the matter before lodging a written dispute. Alternatively, you can take it up directly with your *financial institution*.

If we conclude that your *account* has been incorrectly debited we will respond to your dispute by arranging for your *financial institution* to adjust your *account* accordingly. We will notify you in writing of the amount by which your *account* has been adjusted.

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.

Accounts

You should check:

- 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.
- Your *account* details which you have provided to us are correct by checking them against a recent *account* statement; and
- With your *financial institution* before completing the *Direct Debit Request* if you have any queries about how to complete the *Direct Debit Request*.