



Direct Debit Request

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



I/We authorise and request Nurses First, until further notice in writing, to debit my/our nominated account (details provided below) through the Bulk Electronic Clearing System with any amount they may properly debit, subject to the Terms & Conditions of the Direct Debit Service Agreement and instructions provided below.

MEMBER DETAILS

Member Number _____ Account Number _____
Surname/Company Name _____
Given Names/ABN _____
Phone: Home _____ Work _____ Mobile _____

DETAILS OF NOMINATED ACCOUNT TO BE DEBITED

Name of Financial Institution _____
Address of Financial Institution _____
BSB _____ Account Number _____ Account Name _____

Note: Direct Debits may not be available on all accounts. Please check with your Financial Institution.

DEBIT DETAILS

A. Regular Direct Debits
Fixed amount of \$ _____
FREQUENCY Weekly Fortnightly Monthly Other _____
Date effective ____ / ____ / ____ until ____ / ____ / ____ or until further notice

OR

B. One-Off Direct Debit
Amount \$ _____ Date ____ / ____ / ____

AUTHORITY

By signing this Direct Debit Request I/we acknowledge:

- that I/we have read and understood the Terms & Conditions governing the debit arrangements between me/us and Nurses First Credit Society as set out in this Direct Debit Request and the Direct Debit Service Agreement
- that Nurses First have the right to verify the above mentioned account details and thereby authorise the nominated Financial Institution to release my/our account information allowing verification of the nominated account details
- that it is my/our responsibility to ensure that the account information is correct and that this request is signed by all signatories of the nominated account
- that this request will only be loaded and actioned upon receipt of original copy of this form

_____ Date ____ / ____ / ____
Signature

_____ Date ____ / ____ / ____
Signature

OFFICE USE ONLY

Officer _____ Operator No. _____ Signature _____ Date ____ / ____ / ____

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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.

direct debit request means the Direct Debit Request between us and you.

us and *we* means Police & Nurses Credit Society Ltd 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.

1. Debiting your account

- 1.1 By signing the *direct debit request*, you have authorised us 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.
- 1.2 We will only arrange for funds to be debited from your *account* as authorised in the *direct debit request*. We will not issue individual confirmation of payments made.
- 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 previous or following business day. If you are unsure about which day your *account* has been or will be debited, please check with your *financial institution*.

2. Changes by us

- 2.1 We may vary the terms of this *agreement* or a *direct debit request* at any time by giving you at least thirty (30) days' written notice.

3. Changes by you

- 3.1 Subject to clause 3.2 you may change the arrangements under a *direct debit request* by giving us ten business days' notice in writing, signed by you, of the deferral or change, or by telephoning us on 9419 1901 or by facsimile on 9419 1906.
- 3.2 You may also cancel your *direct debit request* at any time by giving us 30 days' notice in writing before the next *debit day*. This notice should be given to us in the first instance.

4. Your Obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your *account* on a *debit day* to allow a *debit payment* to be made in accordance with the *direct debit request*. Funds credited to your receiving *account* at Nurses First will be subject to a clearance period.
- 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 be charged a fee to reimburse us for fees or charges we have incurred for the failed transaction; and
 - (c) you must arrange for the *debit payment* to be made by another method.
- 4.3 You should check your *account* statement to verify that the amounts debited from your *account* are correct.

- 4.4 If Nurses First, a division of Police & Nurses Credit Society A.B.N. 69 087 651 876 ("the Society") is liable to pay goods and services tax ("GST") on a supply made by the Society in connection with this *agreement*, then you agree to pay the Credit Society 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 by telephone on 13 25 77, by facsimile on (08) 9219 7660 or emailing pncs@pncs.com.au. You should also confirm the details in writing with us as soon as possible so that we can resolve your query quickly.
- 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 your *financial institution* to adjust your *account* (including interest and charges) accordingly. We will also notify you in writing of the amount by which your *account* has been adjusted.
- 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

- 6.1 Please be aware that direct debiting may not be available on all accounts. You should check:
 - (a) with your *financial institution* whether direct debiting is available from your *account*.
 - (b) your *account* details which you have provided to us are correct by checking them against a recent account statement from your *financial institution*; and
 - (c) with your *financial institution* before completing the *direct debit request* if you have any queries about how to complete the *direct debit request*.

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. You may access any personal information we hold about you at any time by contacting us.
- 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* or if required by our sponsor in the *direct debit* system (including disclosing information in connection with any query, dispute or claim).

8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:
Nurses First
PO Box 12847
Abeckett Street VIC 8006
- 8.2 Notices will be sent to the current address held for your membership.
- 8.3 Any notice will be deemed to have been received two business days after it is posted by Nurses First.