

DIRECT DEBIT REQUEST

Customer Authority

Name of Customer giving the Direct Debit Request (please print):
 I _____

authorise **Ballarat Health Services** (Debit User ID number: **325319**) to arrange for funds to be debited from my account at the financial institution identified below and as prescribed in this form through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force from / / 20 until further notice in writing, to debit my / our account for **(please write purpose and set amount for direct debit in the box below):**

Purpose of Debt:

Frequency of debit payments (please tick): Weekly Fortnightly Monthly

Direct Debit Amount:		Total Amount of Debt (If applicable):	
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I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Client Services Agreement received from **Ballarat Health Services**.

Signature:	Date: / / 20
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Customer Contact Details

Address:	
Contact Number:	

Details of the Account to be Debited

Name of the Financial Institution:	Branch:

Account Name:

BSB Number (6 Digits):	Account Number:							
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Please return completed form to: Accounts Receivable, Ballarat Health Services,
accountsreceivable@bhs.org.au



BALLARAT HEALTH SERVICES PAY PLAN CLIENT SERVICE AGREEMENT

Our commitment to you

Direct Debit arrangements:

Where the due date falls on a non business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawings arrangements without your prior approval.

We reserve the right to cancel the BHS Pay Plan arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to charge any bank fees associated with this. We will then arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights:

You may terminate the BHS Pay Plan drawing arrangements at any time by giving written notice.

You may defer payment of a drawing under the BHS Pay Plan by giving written notice. Notice given to BHS should be received at least 5 business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (outside the BHS Pay Plan arrangements) you may take the matter up directly with BHS, or lodge a Direct Debit claim through your nominated Financial Institution.

Your commitment to us

Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.

It is your responsibility to advise BHS if the account nominated by you is transferred or closed. It is your responsibility to arrange a suitable alternate payment method if you wish to cancel the BHS Pay Plan.