

STARplex 18-20 Alexander Avenue Evanston Park SA 5116 ABN 15 742 803 718

Direct Debit Request

Authorisation Form

Cust	omer Details			
	Customer Reference Number:			
	Customer Given Name:		Surname:	
	Gender: Female	Male	Date of Birth:	/ /
	Address:			
	Suburb: Phone Number:	State: Email Address:	Postcode:	
	THORE NOTIFICE.	Email Address.		
Payr	nent Details For the total amoun including associated	t billed for the specified period for th d fee/charges as detailed	is and any other subseque	nt agreements or amendments
	Recurring Payment Amount:		Payment Date:	/ /
	Payment frequency: Fortn	ightly		
	Cooling off period:	/ / t	0 /	
	Joining Fee:			
	Admin Fee:			
	Direct Debit Transaction Fee:			
	Credit Card Transaction Fee:			
	Crean Cara Transaction ree.			
	Other Fees Payable Joining Fee:	Reversal Fee:		
	Cancellation Fee:	Suspension Fee	e:	
	Cooling Period Cancellation Fee:			
	Total Value of Agreement			
	Total Value of Agreement:			



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Bar	nk Account Authorisation			
П	Name of Financial Institution:			
	Account Name:			
	BSB Number: Account Number:			
	I/We hereby authorize Payrix Australia Pty Ltd (ABN: 63 135 196 397) Direct Debit User ID 382220 to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the Business)			
Cre	edit Card			
	Please charge my payments to my: Visa MasterCard CCV #			
	Card number:			
	Expiry Date: / Name on Card:			
Leg	gal Statement			
	After the agreed number of payments (specified above) have been made, if you have chosen not to have this Contract terminate after the Minimum Term (by ticking the box above where indicated) this Contract will become an ongoing membership contract. You agree that this authorisation will remain in force in accordance with the provisions of both the Payrix Contract – Terms and Conditions and any separate contract/terms and conditions issued by the Facility, and that you have read and understood the same. Authorising Signature Date			
Sigr	nature			
	This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understand the same.			
	Authorising Signature Date / / /			
Spe	ecial Conditions			

DDR SERVICE AGREEMENT



TERMS AND CONDITIONS

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with Payrix and the Business. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place 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 form

I/We hereby authorize Payrix Australia Pty Ltd (ABN: 63 135 196 397) Direct Debit User ID 382220 to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the Business)

I/We acknowledge that Payrix is acting as a Direct Debit Agent for the Business and that Payrix does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

I/We acknowledge that Payrix and the Business will keep any information (including account details) contained in the Direct Debit Request confidential. Payrix and the Business 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:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

I/We acknowledge that the debit amount will be debited from my/our account according to the Direct Debit Request, this Agreement and the terms and conditions of the agreement with the Business.

I/We acknowledge that bank account details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We acknowledge that is my/our responsibility to ensure that there is sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight; however transactions can take up to three (3) business days depending on your financial institution. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We agree that IntegraPay will not be held responsible for any fees and charges that may be charged by your financial institution.

I/We Acknowledge that there may be a delay in processing if:

- 1) There is a public or bank holiday on the day, or any day after the debit date
- 2) A payment request is received by Payrix on a day that is not a Banking Business Day
- 3) A payment request is received after normal operational hours, being 2.30pm Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise the Business to vary the amount of the payments from time to time as provided for within the Business agreement. I/We authorise Payrix to vary the amount of the payments upon instructions from the Business.

I/We do not require Payrix to notify me/us of such variations to the debit amount.

I/We acknowledge that the total amount billed will be for the specified period for this and/or subsequent agreements and/or amendments.

I/We acknowledge that the Business is to provide 14 days notice if proposing to vary the terms of the debit arrangements.

I/We acknowledge that variations to the debit arrangement will be directed to the Business.

 $I/We \ acknowledge \ that \ any \ request \ to \ stop \ or \ cancel \ the \ debit \ arrangement \ will \ be \ directed \ to \ the \ Business.$

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit in addition to any financial institution charges and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by Payrix.

I/We authorise Payrix to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that if specified by the Business, a setup, variation, dishonour, SMS or processing fees may apply as instructed by the Business.

I/We authorise:

- 1) The Debit User to verify details of my/our account with my/our financial institution
- 2) The Financial Institution to release information allowing the Debit User to verify my/our account details.

Payrix Australia Pty Ltd ABN: 63 135 196 397

P.O Box 6290, Upper Mt Gravatt, Queensland 4122

Ph: 07 3040 4320 Fax: 07 3343 8590