



**The Pharmacy
Guild of Australia**

12/202 Glen Osmond Road, FULLARTON SA 5063
T: 08 8304 8300 F: 08 8333 1729 E:accounts.sa@sa.gulld.org.au

Direct Debit Request (DDR)

Request and Authority to debit the account named below to pay
The Pharmacy Guild of Australia, SA Branch APCA ID 405163

Request and Authority to debit

Your Surname or company name

Your Given names or ABN/ARBN

 "you"

request and authorise The Pharmacy Guild of Australia, SA Branch **user id 405163** to arrange, through its own financial institution, a debit to your nominated account any amount **The Pharmacy Guild of Australia, SA Branch** has deemed payable by you.

Periodic Amount/Type of payment
\$

Frequency or **Agreed Invoice amount**
(Tick if applicable)

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 below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which your account is held

Financial institution name
Address

Insert details of account to be debited

Name/s on account
BSB number (Must be 6 digits)
Account number

 -

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing debit arrangements between you and The Pharmacy Guild of Australia, SA Branch as set out in this Request and in your Direct Debit Request Service Agreement

Insert your signature and address

Signature
Name
Address

Second account signatory (if required)

Signature
Name
Address



The Pharmacy
Guild of Australia

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Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with The Pharmacy Guild of Australia, SA Branch **ABN 38 946 547 960**. 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.

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 the 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 The Pharmacy Guild of Australia, SA Branch, (the Debit User) *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.

1. **Debiting your account**
 - 1.1 By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *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*.
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.
 - 1.3 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*.

2. **Amendments by us**
 - 2.1 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.

3. **Amendments by you**
 - 3.1 *You* may change*, stop or defer a debit payment, or terminate (cancel) this agreement at any time by providing *us* with at least 30 days notification by writing to:

The Pharmacy Guild of Australia, SA Branch
12/202 Glen Osmond Road,
FULLARTON SA 5065

or

by telephoning *us* on 08 8304 8300 during business hours;

or

arranging it through your own financial institution, which is required to act promptly on your instructions.

*Note: in relation to the above reference to 'change', your financial institution may change your debit payment only to the extent of advising us The Pharmacy Guild of Australia, SA Branch of your new account details.

<p>4. Your obligations</p>	<p>4.1 It is <i>your</i> responsibility to ensure that there are sufficient clear funds available in <i>your</i> account to allow a <i>debit payment</i> to be made in accordance with the <i>Direct Debit Request</i>.</p> <p>4.2 If there are insufficient clear funds in <i>your account</i> to meet a <i>debit payment</i>:</p> <ul style="list-style-type: none"> a) <i>you</i> may be charged a fee and/or interest by <i>your financial institution</i>; b) <i>you</i> may also incur fees or charges imposed or incurred by us; and c) <i>you</i> must arrange for the <i>debit payment</i> to be made by another method or arrange for sufficient clear funds to be in <i>your account</i> by an agreed time so that we can process the <i>debit payment</i>. <p>4.3 <i>You</i> should check <i>your account</i> statement to verify that the amounts debited from <i>your account</i> are correct.</p>
<p>5. Disputes</p>	<p>5.1 If you believe there has been an error in debiting <i>your account</i>, <i>you</i> should notify us directly on 08 8304 8300 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.</p> <p>5.2 If we conclude as a result of our investigations that <i>your account</i> has been incorrectly debited we will respond to <i>your query</i> by arranging for <i>your financial institution</i> to adjust <i>your account</i> (including interest and charges) accordingly. We will also notify you in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited we will respond to <i>your query</i> by providing you with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p><i>You</i> should check:</p> <ul style="list-style-type: none"> a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available through BECS on all accounts offered by financial institutions. b) <i>your account</i> details which you have provided to us are correct by checking them against a recent <i>account</i> statement; and c) with <i>your financial institution</i> before completing the <i>Direct Debit Request</i> if you have any queries about how to complete the <i>Direct Debit Request</i>.
<p>7. Confidentiality</p>	<p>7.1 We will keep any information (including <i>your account</i> details) in <i>your Direct Debit Request</i> 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.</p> <p>7.2 We will only disclose information that we have about you:</p> <ul style="list-style-type: none"> 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).
<p>8. Notice</p>	<p>8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:</p> <p>The Pharmacy Guild of Australia, SA Branch 12/202 Glen Osmond Road, FULLARTON SA 5063</p> <p>8.2 We may send notices either electronically to your email address or by ordinary post to the address you have given us.</p> <p>8.3 Any notice will be deemed to have been received on the third banking day after emailing or posting.</p>