



DIRECT DEBIT AUTHORITY

(IF JOINED THE APS BENEFITS GROUP LTD BEFORE FEBRUARY 1ST, 2014)



Membership No. Email
Name(s)
Address
Phone Home Work Mobile

DETAILS OF YOUR FINANCIAL INSTITUTION (BANK, CREDIT UNION OR BUILDING SOCIETY)

Account Name
Name Of Institution
BSB Account No.

I/We authorise the APS Benefits Group Ltd (ABN 64 077 846 809 & AFSLN 244115) to arrange for funds to be debited from my/our account at the financial institution identified below through the Bulk Electronic Clearing System ("BECS"). This authorisation is to remain in force in accordance with terms described in the Articles of Association and By-Laws.

LOAN PAYMENT DETAILS - NOTE: LOAN PAYMENT CANNOT BE PAID BY CREDIT CARD

\$ PER MONTH \$ PER FORTNIGHT \$ PER WEEK
 ADD SUBS: @ \$11.27 Monthly, \$5.20 Fortnightly Or \$2.60 Weekly With Loan Payments \$
TOTAL PAYMENTS PER \$
PLEASE INDICATE YOUR PREFERENCE AND THE DATE YOU WISH YOUR DIRECT DEBIT TO COMMENCE / /

MEMBERSHIP SUBSCRIPTION PAYMENTS ONLY (IF NOT INCLUDED IN LOAN REPAYMENT)

PLACE A TICK (✓) IN THE SQUARE FOR PREFERRED PAYMENT PERIOD FOR MEMBERSHIP SUBSCRIPTION PAYMENTS.

\$135.20 annually* \$67.60 half year* \$33.80 quarterly* Child Cover \$39.00 annually \$5.20 per fortnight
CREDIT CARD or BANK DEBIT **CREDIT CARD or BANK DEBIT** **CREDIT CARD or BANK DEBIT** **CREDIT CARD or BANK DEBIT** **BANK DEBIT ONLY**

*On 1st business day July / October / January / April. * Pro rata unit holding applies.

PAYMENT COMMENCING / / **PRO RATA MEMBERSHIP SUBSCRIPTIONS \$** **to**

IF YOU WISH TO PAY YOUR SUBSCRIPTION BY CREDIT CARD, PLEASE COMPLETE THE SECTION BELOW

Please debit my credit card (circle one): **MasterCard** **VISA**
Card No. / / / Expiry Date / CVV

I request the APS Benefits Group Ltd, until further notice, to arrange payment of my Funeral Benefit / Loan Repayment via BECS by debiting my account as described above. I acknowledge that this request may be terminated at any time by notice in writing from either you or us and that an alternative method of payment must be adopted. I/We authorise the following:

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

Signature(s) Date / /

This form MUST be signed & dated.
Membership WILL NOT BE GRANTED nor a loan FUNDED if incomplete.

DIRECT DEBIT AUTHORITY

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 Authority 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.

'debit payment' means a particular transaction where a debit is made.

'direct debit authority' means the direct debit authority between us and you (and includes any Form PD-C approved for use in the transitional period).

'us' or **'we'** means the APS Benefits Group Ltd ("APS Benefits Group") you have authorised by signing a direct debit authority.

'you' means the customer who signed the direct debit authority.

'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 a direct debit authority, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit authority 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 authority.
- 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 following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. CHANGES BY US

- 2.1 We may vary any details of this agreement or a direct debit authority at any time by giving you at least 14 days' written notice.

3. CHANGES BY YOU

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit authority by contacting us on 1300 131 809.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least 14 days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us 14 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 to allow a debit payment to be made in accordance with the direct debit authority.
- 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 also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If the Commonwealth Bank of Australia is liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay 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 and confirm that notice in writing with us as soon as possible so that we can resolve your query more 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 You should check:
 - (a) 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;
 - (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
 - (c) with your financial institution before completing the direct debit authority if you have any queries about how to complete this direct debit authority.

7. CONFIDENTIALITY

- 7.1 We will keep any information (including your account details) in your direct debit authority 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.
- 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 (including disclosing information in connection with any query or claim).

8. NOTICE

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to the APS Benefits Group Ltd, 440 William Street, West Melbourne VIC 3003 (PO Box 326, North Melbourne VIC 3051).
- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit authority.
- 8.3 Any notice will be deemed to have been received five business days after it is posted.