Direct Debit Service Agreement

(Client ID: 10383)

Ph: 1300 664 186
Fax: 1300 886 984
PO Box 472
Burpengary Q 4505

Direct Debit Request

Terms and conditions:

The administration of this agreement is conducted by Saco Technology and its third parties. The services provided by Saco Technology are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it of any monies pursuant to this request or any other authority or mandate. Saco Technology or its third parties will provide 14 days notice if the payment amount (s) of frequency of the payments vary for future debits. It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution. If your Debit request falls on a weekend or public holiday, it will be processed on the next working day. You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution. If your Direct Debit is dishonoured or returned by your financial institution, for any reason, Saco Technology reserves the right to charge a dishonour fee, and re-present the Direct Debit for processing again on the next business day. Any dispute arising from this or subsequent direct debits are to be directed to Saco Technology on 1300 664 186 or in writing to the address provided above, or you may contact your financial institution If no resolution is forthcoming you are advised to contact your financial institution. If you lodge a DDR Customer Claim form with your financial institution they will investigate whether the transaction was authorised by you. If the transaction date was no earlier than 12 months from the date of your claim you should receive a response within 7 days from the date of your claim. If the transaction date was made earlier than 12 months from the date of your claim you should receive a response within 30 days from the date of your claim. We will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in relation to an alleged incorrect or wrongful debt, or otherwise required by law. You may stop, cancel , alter or defer your Direct Debit Request at any time, by contacting your Financial Institution or by providing at least 14 Business Days written notification to Saco Technology at the address detailed below. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution. I/We authorise the Financial Institution to release information allowing the Debit User to verify the abovementioned account details. I/We agree to accept payment notifications from the business by either E-mail or SMS as determined by the business. If I do not wish to receive such notifications I will contact the business directly so as to be omitted from such notifications.

New Member Details:

First Name: _____ Surname: _____

Business Name (If Applicable) _____ ABN: _____

Address: _____

Suburb: _____ State: _____ Post code: _____

Phone Number: ( ) _____ Work Number: ( ) _____

Mobile Number: _____ Email: _____

Customers Authority:

I authorise and request the debit user detailed below to debit payments from my nominated account, as specified below, at intervals and amounts as directed by Saco Technology as per the Terms and Conditions of the Saco Technology agreement and subsequent agreements.

Details of the Account to be Debited:

Financial Institution: _____ Branch: _____

Account Holder Name(s): _____

BSB Number: ☐☐☐ - ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐☐

I/We authorise Saco Technology to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Details stated above or detailed in separate agreement and as per the Terms and Conditions

Declaration:

I/We authorise the following:
1. The Debit User to verify the details of the above-mentioned account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the above-mentioned account details.
3. That you debit my/our account in accordance with our Agreement.

Signatories of Nominated Account _____

_____

Date - DD/MM/YY ☐☐ / ☐☐ / ☐☐