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| **Direct Debit Request** | |
| Request and Authority to debit the account named below to pay **Australian Financial Recoveries Pty Ltd** | |
| **Request and Authority to debit** | **Surname or**  **(company name)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Given names**  **(or ACN/ARBN)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("you")**  request and authorise Australian Financial RecoveriesPty Ltdto arrange for amounts listed in “frequency of debits” to debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below. |
| **Insert the name and address of financial institution at which account is held** | **Financial institution name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Insert details of account to be debited** | **Name of account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BSB number** |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|  **Account number** |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| **Acknowledgement** | By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Australian Financial RecoveriesPty Ltd as set out in the Request and in your Direct Debit Request Service Agreement. See reverse for Terms & Conditions. |
| **Payment for** | Client:………………………….  Australian Financial Recoveries Reference Number:…………………… |
| **Frequency of Debits** | The first debit of $……………to be made on \_\_\_/\_\_\_/\_\_\_\_\_\_\_ and thereafter each   * weekly fortnightly monthly   (Please circle time frame agreed on)  payment of $………………per …... week, fortnight, month  for total of payments of $……………….(provided agreement is adhered to in all forms and before any actions cause an administration fee to be added) |
| **Insert your signature and address**  (By signing this form you confirm you are authorised to operate this account) | **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (if signing for a company, sign and print full name and capacity for signing eg. director)  **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_ / \_\_\_ / \_\_\_ |
| ***Office Use Only*** | **Accepted(signature)………………** **……Name…………………………Date……………** |

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| **Request and Authority to debit** | **Surname or**  **(company name)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Given names**  **(or ACN/ARBN)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("you")**  request and authorise Australian Financial RecoveriesPty Ltdto arrange for amounts listed in “frequency of debits” to debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below. |
| **Insert the name and address of financial institution at which account is held** | **Financial institution name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Insert details of account to be debited** | **Name of account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **BSB number** |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|  **Account number** |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| **Acknowledgement** | By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Australian Financial Recoveriesas set out in the Request and in your Direct Debit Request Service Agreement. See reverse for Terms & Conditions. |
| **Payment for** | Client:………………………….  Australian Financial Recoveries Reference Number:…………………… |
| **Frequency of Debits** | The first debit of $……………to be made on \_\_\_/\_\_\_/\_\_\_\_\_\_\_ and thereafter each   * weekly fortnightly monthly   (Please circle time frame agreed on)  payment of $………………per …... week, fortnight, month  for total of payments of $……………….(provided agreement is adhered to in all forms and before any actions cause an administration fee to be added) |
| **Insert your signature and address**  (By signing this form you confirm you are authorised to operate this account) | **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (if signing for a company, sign and print full name and capacity for signing eg. director)  **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_ / \_\_\_ / \_\_\_ |
| ***Office Use Only*** | **Accepted(signature)………………** **……Name…………………………Date……………** |

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| **Direct Debit Request Service Agreement**  **Important Notice**  The form you are signing identifies a direct debit request payable to Australian Financial Recoveries Pty Ltd. The form authorises the direct debit to your nominated account to take place.  The transaction will take place under the Bulk Electronic Clearing System (BECS). It is the account owner’s responsibility to provide a minimum of 14 days’ notice of any variation. Any variation in the agreement is at the discretion of the company and must be confirmed in writing. All amendments or variations to the original agreement will incur a $20.00 administration fee. This fee will not apply if you are to increase your payment.  Requests to a variation must be addressed to the manager Australian Financial Recoveries Pty Ltd at the address provided at the time. The company will in the first instance handle disputes and there is in place a dispute resolution process.  You must ensure sufficient cleared funds are available in the relevant account by the due date. If the due date for payment falls on a day that is not a business day in the place of lodgement then the next business day will apply. If the transaction is rejected we can charge an administration fee, which is currently twenty dollars.  We will keep your details private although the bank may be required to provide the information in connection with an alleged incorrect or wrongful debit. If you have reason to dispute any debits please contact the company in the first instance.  Not all accounts have direct debiting through BECS and it is the account owner’s responsibility to ensure all account details are correct and that BECS is available.  Terms and Conditions are subject to change at the discretion of Australian Financial Recoveries Pty Ltd. |