



Direct Debit Authority Form

CALVARY COMMUNITY CARE

Request and Authority to debit the account named below to pay Calvary Community Care

Request and Authority to Debit	<p>Client Code <i>(if known)</i></p> <p>Client Surname</p> <p>Client Given Name</p> <p>Client Address</p> <p>..... Post Code</p> <p>I, _____, request and authorise Calvary Community Care Home Care Services Ltd, trading as Calvary Community Care to process the charges for services rendered to above mentioned client through the Direct Debit System from an account held at the Financial Institution below subject to the terms and conditions overleaf and further instruction that may be provided below.</p>
Name of Financial Institution that holds the Account	<p>Financial Institution Name</p> <p>Address</p> <p>..... Post Code</p>
Account Details to be debited	<p>Account or Card Name</p> <p>BSB Number (6 Digits Only)</p> <p>Account Number (Maximum 9 Digits)</p> <p>OR</p> <p>Type of Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard</p> <p>Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Expiry Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p>One-off Card Payment (Please tick only if this is a single payment request) <input type="checkbox"/></p>
Amount	<p>Please refer to your Service Agreement for the amount you will be charged per hour, visit, or agreed copayment. The total amount* to be debited will depend on the number of hours/visits you receive during the invoice period or agreed copayment.</p> <p>* subject to agreed fee schedule and/or copayment and subsequent increases as per service agreement</p>
Signature and Address of Account Holder	<p>Signature</p> <p>Date</p> <p>Name</p> <p>Address</p> <p><i>(if different from above)</i></p> <p>..... Post Code</p> <p>Phone Home</p> <p>Phone Mobile</p>
Acknowledgement	<p>By signing this Direct Debit Authority you acknowledge that you have read and understood this authority and the terms and conditions mentioned overleaf that govern the debit arrangements made between you and Calvary Community Care.</p>

Direct Debit Authority Terms and Conditions

<p>Definitions</p>	<p>Account means the account held at your financial institution from which you have authorised funds to be debited. Terms & Conditions means the terms & conditions governing the Direct Debit Authority between you and Calvary Community Care Business day means a day other than a Saturday or Sunday or a National public holiday. Due or 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 Form signed by you to authorise Calvary Community Care to debit your account Us or we means Calvary Community Care. 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. Service Agreement is the agreement between you and Calvary Community Care to provide you with services.</p>
<p>Debiting your account</p>	<p>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 the terms and conditions of the arrangement between us and you. We will only arrange for funds to be debited from your account as authorised in your Service Agreement. The amount will be debited on the due date as specified on the invoice that you will receive. If the due or debit day falls on a non-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, please contact your financial institution.</p>
<p>Changes by us</p>	<p>You will be given 14 days notice if there is any fee increase or if any significant changes are made to the Direct Debit terms and conditions in accordance with your Service Agreement. Any change in your debit date will be reflected on your invoice.</p>
<p>Changes by you</p>	<p>If you wish to stop or cancel the direct debit payment, you must notify us or your financial institution at least seven (7) business days before the next debit day. You must also notify us of the alternate mode of payment that you will use to pay for our services. You may change the arrangement under a Direct Debit Authority by notifying us at least 7 days prior to the debit date. Please note that if you choose to cancel your authority for us to debit your account at any time, you will be required to choose an alternate mode of payment for the ongoing services you receive or for the payment of any outstanding amount to Calvary Community Care.</p>
<p>Your obligations</p>	<p>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. If there are insufficient funds in your account to meet the debit payment:</p> <ul style="list-style-type: none"> • you may be charged a fee and/or interest by your financial institution • you will also incur fees or charges imposed or incurred by us and • you must arrange for the debit payment to be made by another method and ensure that sufficient clear funds are in your account so that we can process the next debit payment <p>You should check your account statement to verify that the amounts debited from your account are correct.</p>
<p>Disputes</p>	<p>If you believe that there has been an error in debiting your account, you should notify your service centre in the first instance or alternatively contact the Calvary Community Care Accounts Receivable department as soon as possible so that we can resolve your query promptly. If we conclude, as a result of our investigations, that your account has been incorrectly debited, we will adjust your account accordingly. We will also notify you the amount by which your account has been adjusted. If we conclude, as a result of our investigations, that your account has not been incorrectly debited we will provide you with reasons and any evidence for this finding. 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 you and us. If we cannot resolve the matter you can refer the issue to your financial institution, who will request information re the disputed transaction and may lodge a claim on your behalf.</p>
<p>Accounts</p>	<p>You should check</p> <ul style="list-style-type: none"> • 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; • your account details which you have provided to us are correct by checking them against a recent account statement; and • with your financial institution before completing the Direct Debit Authority if you have any queries about how to complete the Direct Debit Authority.
<p>Confidentiality and Privacy</p>	<p>We will keep any information (including your account details) in your Direct Debit Authority confidential. The information will only be accessed by authorised employees of Calvary Community Care. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees 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 to the extent specifically required by law, or for the purpose of this Agreement (including disclosing information in connection with any query or claim).</p>