

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Children's Hospital Foundation User ID 429650 and ABN 11 607 902 687. It explains what your obligations are when undertaking a Direct Debit Arrangement with us. It also details what our obligations are 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).

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 Children's Hospital Foundation, (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**.

1.4 Please note that the debiting entity will appear on your statement as follows: Children's Hospital Foundation.

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

YOU may change*, stop or defer a debit payment, or terminate this agreement by providing us with at least ten (10) **DAYS'** notification by writing to:

Children's Hospital Foundation

PO Box 8009

Woolloongabba QLD 4102

or

by telephoning us on 1300 742 554 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** of **YOUR NEW ACCOUNT DETAILS**.

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 REQUEST**.

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

4.3 **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. **YOU** should check **YOUR ACCOUNT** statement to verify that the amounts debited from **YOUR ACCOUNT** are correct.

5. Dispute

5.1 If you believe that there has been an error in debiting **YOUR ACCOUNT**, you should notify us directly on 1300 742 554 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.

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 in writing.

6. Accounts

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 REQUEST** if you have any queries about how to complete the **DIRECT DEBIT REQUEST**.

7. Confidentiality

7.1 **WE** will keep any information (including **YOUR ACCOUNT** details) in your **DIRECT DEBIT REQUEST** 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 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:

Children's Hospital Foundation

PO Box 8009

Woolloongabba QLD 4102

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 REQUEST**.

8.3 Any notice will be deemed to have been received on the third **BANKING DAY** after posting.

If you have any questions or would like to discuss in more detail, please contact our Supporter Services team on **1300 742 554**.



Address:

Children's Hospital Foundation

PO Box 8009

Woolloongabba QLD 4102

Phone: 1300 742 554

Web: www.childrens.org.au

Email: info@childrens.org.au