



Direct Debit (DDR) Request

Customer's Authority

Name of Donor/s giving the DDR

Please use BLOCK capitals

I/We			
Address			
	State	Post Code	

Phone:

Day	Evg/Mob:	email:
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APCA User ID number

authorise and request the

Name of Debit User	APCA User ID number
Heart Research Centre	304435

until further notice in writing, to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the Financial Institution identified below as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) as amended from time to time.

Payment Details This authority allows the debiting of amounts payable by the Donor under the Agreement between the Donor and the **Heart Research Centre**

Details of the Account to be debited

Name of the Donor's Financial Institution	Branch name

All details must be supplied

Donor's Account name (please insert your name in full)

Please use BLOCK capitals

BSB number	Account number	ABN/ARBN (if applicable)

Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

Please complete these details

I/we request that you debit my/our account in accordance with our Agreement and subject to the following conditions: (Select appropriate checkbox).

Maximum amount to be debited \$

Frequency of debit: Monthly Quarterly Annually Other

First payment date

Final payment date

Customer Authorisation

If in joint name/s both signatures may be required

By signing below, I/we acknowledge that this Direct Debit arrangement is governed by the terms of Authorisation the DDRSA attached to this request. I/We also authorise **Heart Research Centre** to verify (if need be) the details of the account with my/our Financial Institution mentioned above and for that Financial Institution to release information to **Heart Research Centre** in order to allow it to verify the above account details.

Signature

Date

Signature

Date

Direct Debit Request Service Agreement (DDRSA)

1 By signing the Direct Debit Request, you authorise us to arrange for funds to be debited from your Account in accordance with the Agreement.

2 We will advise you 14 days in advance of any changes to the Direct Debit Request.

3 For all matters relating to the Direct Debit Request, including cancellation, alteration or suspension of drawing arrangements or to stop or defer a payment, or to investigate or dispute a previous payment, you should:

(a) **Contact The Development Officer**

Telephone: 03 9326 8544 Fax: 03 9326 5066

and/ or

Visit our office: Level 7, 14-20 Blackwood St, North Melbourne VIC 3051

and/ or

send written correspondence to: The Heart Research Centre, PO Box 2137, The Royal Melbourne Hospital, VIC 3050

And

(b) Allow for 14 days for the amendments to take effect or to respond to a dispute.

If our investigations show that your Account has been incorrectly debited, we will arrange for the Financial Institution to adjust your Account accordingly. We will also notify you in writing of the amount by which your Account has been adjusted. If our investigations show that your Account has been correctly debited, we will respond to your query by providing you with reasons and copies of any evidence for this finding.

If we cannot resolve the matter, you can still refer it to your Financial Institution, which will obtain details from you of the disputed payment and may lodge a claim on your behalf.

4 You should be aware that:

- (a) direct debiting through the Bulk Electronic Clearing System (BECS) is not available on all accounts; and
- (b) You should check your Account details (including the Bank State Branch (BSB) number) directly against a recent statement from your Financial Institution.

If you are in any doubt, please check with your Financial Institution before completing the drawing authority.

5 It is your responsibility to ensure that:

- (a) sufficient cleared funds are in the Account when the payments are to be drawn;
- (b) the authorisation to debit the Account is in the same name as the Account signing instruction held by the Financial Institution where the Account is held;
- (c) suitable arrangements are made if the direct debit is cancelled:

- by yourself;
- by your Financial Institution; or
- for any other reason.

6 If the due date for payment falls on a day other than a Banking Business Day, the payment will be processed on the next Banking Business Day. If you are uncertain when the payment will be debited from your Account, please check with your Financial Institution.

7 For returned unpaid transactions, the following procedures or policies will apply:

- (a) we treat the payment as if it was never made;
- (b) services may be suspended until the outstanding charges are paid; and/or
- (c) A fee may be applied for drawings that are returned unpaid. We reserve the right to cancel the Direct Debit Request at any time if drawings are returned unpaid by your Financial Institution.

8 All Customer records and Account details will be kept private and confidential to be disclosed only at your request or at the request of the Financial Institution in connection with a claim made to correct/investigate an alleged incorrect or wrongful debit or otherwise as required by law.

Definitions

Unless otherwise defined, a term defined in the Agreement has the same meaning when used in this DDRSA and:

Account means the account nominated in the Direct Debit Request, held at your Financial Institution from which we are authorised to arrange for funds to be debited;

Agreement means the Terms and Conditions (including BPAY), including the Schedules to those Terms and Conditions, as amended from time to time;

Direct Debit Request means the Direct Debit Request between us and you as amended from time to time;

Financial Institution is the financial institution where you hold the account nominated in your Direct Debit Request as the account from which we are authorised to arrange for funds to be debited;

We means **Heart Research Centre** and

You mean the Donor/s who signed the Direct Debit Request.

Director Marian U C Worcester PhD

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North Melbourne
Victoria 3051 Australia

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