



Direct Debit Request

Request and Authority to debit the account named below to pay Bill Buddy Pty Ltd

Request and Authority to Debit

All fields in this section MUST be completed. Incomplete forms cannot be processed.

Surname/Company Name: _____

Given Names or ACN/ABN: _____

Daytime contact phone: _____ Email: _____

Request and authorise Bill Buddy Pty Ltd (the User)(User ID number 320813) to arrange for any amount Bill Buddy Pty Ltd may 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 Service Agreement [and any further instructions provided below].

If debiting an account other than a credit card insert details here

Financial Institution's Name: _____

Financial Institution's Address: _____

Name of account: _____

BSB Number: -

Account Number:

Complete this section for non credit card accounts

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Bill Buddy Pty Ltd as set out in this Request and in your Direct Debit Request Service Arrangement. Further, you expressly authorise Bill Buddy Pty Ltd to draw any fees under clause 10 of the Direct Debit Request Service Agreement from the account nominated in this form.

If debiting a credit card account insert details here

Name as it appears on card: _____

Card Number:

Expiry Date: / Card Type: Mastercard Visa AMEX Diners

*****Please note that any credit card transactions will appear on your statement as "Bill Buddy"*****

Complete this section for credit card accounts

Acknowledgement

By signing this Direct Debit Request you authorise Bill Buddy Pty Ltd to enter a charge against your nominated credit card for an amount and frequency directed by the Biller indicated in the "Biller User Only" section at the bottom of this form. I understand that any credit card transactions will appear on my statement as "Bill Buddy". Furthermore you agree to reimburse Bill Buddy Pty Ltd for any successful claims made by the cardholder through their financial institution against Bill Buddy Pty Ltd.

Signature of All Account/Card Holders

All fields in this section MUST be completed. Incomplete forms cannot be processed.

(If Signing for a company, sign and print full name and capacity for signing, eg. Director)

Signature

Residential Address of Signatory

/ /

Date

Biller Use Only

Biller ID: _____ Biller Name: _____

Name of Biller representative completing this form: _____ Contact Phone: _____

Biller/Bill Buddy Use Only (to be completed by person who creates this DDR in the OPS - this may be the Biller or Bill Buddy)

Entered by: _____ Date Entered: _____

DDR ID:



Direct Debit Request Service Agreement

for the DDR Authority you provided to Bill Buddy Pty Ltd

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

1. You authorise Bill Buddy to debit your nominated account in the manner specified by your Biller. Your Biller is the organisation providing you with the product or service for which we are debiting your account.
2. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
3. You should contact your Biller if you wish to defer or alter any of the debit arrangements.
4. You will need to advise us in writing if you wish to cancel a Direct Debit Request. Such notice should be delivered to us at least one working day before the due date for payment or as otherwise stipulated in our Terms and Conditions.
5. If you wish to dispute any Debit Item you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
6. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
7. Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
8. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the directions of your Biller.
9. We will initiate the Debit Item on the due date as advised by your Biller. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment. Furthermore you authorise Bill Buddy to debit your account for our Dishonour Charge.
11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed. Further, we will share certain personal information with our contracted agents for statistical purposes only. This does NOT include your bank account or credit card details.