



The Pharmacy
Guild of Australia

QUEENSLAND BRANCH

DIRECT DEBIT REQUEST FORM

This is a Direct Debit Request Form for monthly or quarterly periodic payments of membership subscription with The Pharmacy Guild of Australia, Queensland Branch

MEMBER'S AUTHORITY

Member Name:

Pharmacy Name:

DIRECT DEBIT FREQUENCY SELECTION

Please indicate which frequency you would like your membership subscription debited.

12 monthly instalments, with \$238.33 for 11 months, and \$238.37 for 1 month

4 quarterly instalments of \$715.00

DETAILS OF THE ACCOUNT TO BE DEBITED

OPTION 1: BANK ACCOUNT

*The Pharmacy Guild of Australia, Queensland Branch (The Guild) 435415, to arrange, through its own financial institution, a debit to my nominated account any amount **The Guild** has deemed payable by me.*

*This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement. By **signing and/or** providing us with a **valid instruction** in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **The Guild** as set out in this Request and in your Direct Debit Request Service Agreement.*

Name of Financial Institution:

Bank Address:

BSB: Account Number:

Name of Account: Signature:

OPTION 2: CREDIT CARD

Visa / Mastercard / AMEX

Card Number: Expiry:

Name on Card: Signature:

ACCEPTANCE OF TERMS & CONDITIONS

The above applicant (The Member) hereby agrees to be bound by the terms and conditions of The Pharmacy Guild of Australia, Queensland Branch (The Guild) Direct Debit Request Form and Direct Debit Service Agreement as set out on this and the following page. You provide continuing authority for membership subscription monthly periodic payments to rollover into subsequent subscription years until this authority is cancelled (or the membership is cancelled) in writing.

Signature: Date:

Please return completed form to: membership@qldguild.org.au

QUEENSLAND BRANCH ABN: 87 076 197 623

132 Leichhardt Street Spring Hill Q 4000 • PO Box 457 Spring Hill Q 4004

Phone: + 61 7 3831 3788 • Fax: + 61 7 3831 9246 • Email: membership@qldguild.org.au • Web: www.guild.org.au

Q.COM.F18.V1



The Pharmacy
Guild of Australia

Direct Debit Service Agreement: Terms and Conditions for Direct Debit Request

The following is your Direct Debit Service Agreement with **The Pharmacy Guild of Australia Queensland Branch (The Guild)**. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

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 **The Guild**, (the Debit User) *you* have authorised by signing a *direct debit* request.

you means the customer who signed 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*, *you* have authorised *us* to arrange for funds to be debited from *your account*. We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*. 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*.

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. Membership subscription renewal notice / tax invoice serves as notification of the change to your monthly periodic direct debit or credit card payment amount.

3. Amendments by you

- 3.1 *You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14 days) notification by writing to: **Accounts Department** or by telephoning *us* on **07 3831 3788** during business hours or arranging it through your own financial institution.

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*; and
 - b. *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*.
- 4.3 *You* should check your account statement to verify that the amounts debited from *your account* are correct
- 4.4 If **The Guild** is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay **The Guild** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on **(07) 3831 3788** 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 with your financial institution direct.
- 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

- 6.1 *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. We will only disclose information that we have about *you*:
 - a. to the extent specifically required by law; or
 - b. 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 **The Guild**, Attention: Accounts Department. Email: accounts@qldguild.org.au
- 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*. Any notice will be deemed to have been received on the third *banking day* after posting.

