



## Direct Debit Request Service Agreement

### West Australia

1322 Hay Street, West Perth, 6005

Telephone: (08) 9429 4100 Fax: (08) 9324 2075

Email: accounts@wa.guild.org.au Website : www.guild.org.au

This is your Direct Debit Service Agreement with **The Pharmacy Guild of Australia, WA Branch, APCA ID 600667 (ABN 56 917 919 584)**. It explains 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. Please keep this agreement 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 authorization.

### 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 **Pharmacy Guild of Australia, WA Branch, APCA ID 600667** (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*.
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 **thirty (30) days** written notice.
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:

**The Pharmacy Guild of Australia, WA Branch  
PO Box 968, West Perth, 6872**

or

by telephoning us on **(08) 9429 4100** 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 **The Pharmacy Guild of Australia, WA Branch, APCA ID 600667** 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
  - (c) *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
- 5. Dispute**
- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on **accounts@wa.guild.org.au** or **(08) 9429 4100** 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
  - (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 Pharmacy Guild of Australia, WA Branch**  
**PO Box 968, West Perth, 6872**
- 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.