Elements Healthcare Aged Care Services (407130)
Direct Debit Request Form

Please complete this form and fax/Post/email back to pharmacy ASAP. All details must be filled in for pharmacy to be able to supply medications.

Part A – Resident Details

Resident Name: _____

Facility Name: _____

Part B – Schedule

Payments will be debited on or after the 20th day in the following Month. If the scheduled date is not a banking day, the debit will take place on the next banking day. Should an account be closed the amount debited may occur on or after the day the account is closed.

Part C – Bank or Credit Card Account Holder Details

Account Holder Name: _____

Account Holder Address: _____

Account Holder Email Address: _____

Account Holder Home Phone Number: Mobile Number: _____

Part D – Bank Account Details (choose credit card or bank account)

☐ I/We request and authorise Elements Healthcare Aged Care Services (407130) to arrange, through its own financial institution, a debit to your nominated account any amount Elements Healthcare Aged Care Services (407130), has deemed payable by you. 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.

☐ I/We request you Elements Healthcare Aged Care Services to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement. Surcharges apply: Visa/Master Card 0.91%.

Credit Card Number: | | | | | | | | | | | | | | | |

Expiry Date: | | | / | | |

Card Holder Name: _____

Card Holder Signature: _____

☐ I/We request and authorise Acknowledgement. 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 Elements Healthcare Aged Care Services as set out in this Request and in your Direct Debit Request Service Agreement. (If debiting from a joint bank account, both signatures are required.)

Financial Institution: _____ Branch: _____

Bank Account Name: _____

BSB Number: | | | | - | | | | Account number: | | | | | | | | | |

Signature (1): _____ Date: | | | / | | | / | | | | |

Signature (2): _____ Date: | | | / | | | / | | | | |

Please email this form to accounts@elementshealthcare.com.au or fax to 08 9254 4114

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Customer Direct Debit Request (DDR) Service Agreement

This is your Direct Debit Service Agreement with Elements Healthcare Pty Ltd (407130) ABN: 20128765140 (the Debit User). 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 authorisation.

How to Contact Us: You can contact us directly or alternatively contact your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. You may contact us as follows: - Phone: (08) 93499611 during business hours, Mail: PO Box 382 Tuart Hill Perth, Email: accounts@elementshealthcare.com.au, WA Australia 6939. All communication addressed to us should include your customer reference number located on your invoice.

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.
Debit day: means the day that payment by you to us is due.
Us or we: means Elements Healthcare Pty Ltd (407130) 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.

Debiting *your account:* 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*. *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. 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*.

Amendments by *us:* *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.

Amendments by *you:* *You* may change, stop or defer a *debit payment*, or terminate this agreement by providing *us* with at least 7 days notification by writing to: PO Box 382, Tuart Hill, Perth, WA, Australia 6939;
or
by telephoning *us* on (08) 93499611 during business hours;
or
arranging it through *your financial institution*, which is required to act promptly on your instructions.

***Your* obligations:** 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*. If there are insufficient clear funds in your account to meet a *debit payment*: *you* may be charged a fee and/or interest by *your financial institution*; *you* may also incur fees or charges imposed or incurred by *us*; and *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.

Dispute: If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 0893499611 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*. 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. 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.

Accounts: *You* should check: (1) 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. (2) *your account* details which *you* have provided to *us* are correct by checking them against a recent account statement; and (3) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

Confidentiality: *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*: to the extent specifically required by law; or for the purposes of this *agreement* (including disclosing information in connection with any query or claim).