

INSTALMENT PAYMENT AUTHORITY

Payments Monitored by:

Nps Collectsmart

NETWORK PAYMENT SOLUTIONS

PO Box 3544 Success 6964
Ph: 1300212345 Fax: (08) 9414 7969
E-mail: terryk@collectsmart.com.au

NPS CLIENT NAME: **ELLENBROOK SECONDARY COLLEGE**

CLIENT ID: **FA09**

NPS Client use only

Ref: _____ Total Amount Due: \$ _____ Staff Contact Name: _____

Customer/s details in full

I/we (Full Name/s)

Mr/Mrs/Ms/Miss

Company Name (if applicable)

Address of Customer/s

Postcode

Email:

Contact Phone No:

I/we authorise and request Network Payment Solutions (User ID number 124227), until further notice, to arrange for my/our account (as described in the schedule below) to be debited with any amounts which the debit user may debit or charge me/us through the direct debit system.

Amount to be Debited per instalment

\$

Direct Debit to commence on

/

/ 20

Frequency (please Tick a box)

Weekly

Fortnightly

Monthly

One-Off Payment

I/we authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with this service agreement. I/we have read the service agreement overleaf and agree to its terms.

Customer Signature _____

Date of signing _____

Bank Account Deductions

The Schedule

Type of Account to be debited (e.g. Savings or Cheque) _____

Account in the name of (e.g. Mr Peter Smith) _____

Account held at: (Name and Address of Financial Institution – e.g. ANZ Bank – Hay St, Perth) _____

BSB Number _____ Account Number _____

Customer Signature _____

Date of signing _____

Note: Direct Debiting is not available on the full range of accounts. In doubt please refer to your Financial Institution

OR

Credit Card Deductions (Mail/Telephone, Credit Card Rules Applicable)

Please Debit my Credit Card

Master Card

Visa Card

Name on Card _____

Card Number

Expiry Date

_____/____/____

I/We authorise Network Payment Solutions, until future notice to debit my/our credit card, the details of which are shown above, any amounts which Network Payment Solutions may debit or charge me/us.

Customer Signature _____

Date of signing _____

DIRECT DEBIT REQUEST

SERVICE AGREEMENT

1. Network Payment Solutions User ID No. 124227 ("Debit User") will initiate direct debit payment in the manner referred to in the Schedule.
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of payments.
4. If the customer wishes to defer, suspend or alter any payment referred to in the Schedule, the customer must write to Network Payment Solutions at P O Box 3544 Success WA 6964.
5. Any queries concerning disputed debit payments must be directed to the Debit User in the first instance, on Telephone No. 1300 212345 or Facsimile No. 08 94147969 during normal business hours. If you do not receive a satisfactory response from us to your dispute contact your financial institution who will respond to you with an answer to your claim within 7 business days. (For claims lodged within 12 months of the disputed drawing), or within 30 business days for claims lodged more than 12 months from the disputed drawing. You will receive a refund of the drawn amount in the event that we are unable to substantiate the drawing.
6. Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
7. The customer should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held.
8. It is the customer's responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with this Direct Debit Request.
9. If a debit payment falls due on any day that is not a business day, the payment will be made on the next business day.
10. If a debit payment is returned unpaid, the customer will be charged a fee for each unpaid item and will be liable for any further costs incurred by the Debit User in recovering the outstanding amount. A re-debit will be effected within 14 days of the initial rejection.
11. Customers wishing to cancel the Direct Debit Request or to stop individual debit payments must give at least 7 days' written notice to the Debit User at the address referred to above.
12. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User will keep details of the customer's account and debit payments confidential.
13. This Service Agreement shall be governed by the laws of Western Australia.