



# ACFB Direct Debit Request

Request and Authority to debit the account named below. **Please note:** A \$10 setup fee applies to this payment option.

<b>Request and Authority to debit:</b>	
Your Surname or company name _____	
Your Given names or ABN/ARBN _____ "you"	
Mobile Number _____	
Email _____	
Request and authorise <i>Australian College of Fitness &amp; Bodywork Pty Ltd – ID: 454422</i> to arrange, through its own financial institution, a debit to your nominated account any amount <i>Australian College of Fitness &amp; Bodywork Pty Ltd</i> , 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.	
<b>Insert the name and address of financial institution at which account is held</b>	
Financial Institution Name _____	
Address _____	
<b>Insert details of account to be debited</b>	
Name/s on account _____	
BSB Number (Must be 6 Digits)  _ _ _ _ - _ _ _ _	
Account Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Payment Start Date _____ Frequency (circle) Weekly Fortnightly Monthly	
Amount per instalment _____ Duration _____	
<b>Acknowledgement</b>	
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 <i>Australian College of Fitness &amp; Bodywork Pty Ltd</i> as set out in this Request and in your Direct Debit Request Service Agreement.	
<b>Insert your Signature and address</b>	Signature _____ (if signing for a company, sign and print full name and capacity for signing eg. Director)
	Address _____ _____
	Date ___ / ___ / ___
<b>Second account signatory (if required and if under 18yrs of age)</b>	Signature _____ (if signing for a company, sign and print full name and capacity for signing eg. Director)
	Address _____ _____
	Date ___ / ___ / ___





# ACFB Credit Card Debit Request

Request and Authority to debit the account named below. **Please note:** A \$10 setup fee applies to this payment option.

<b>Request and Authority to debit:</b>	
Your Surname or company name _____	
Your Given names or ABN/ARBN _____ "you"	
Mobile Number _____	
Email _____	
Request and authorise <i>Australian College of Fitness &amp; Bodywork Pty Ltd – ID: 454422</i> to arrange, through its own financial institution, a debit to your nominated credit card any amount <i>Australian College of Fitness &amp; Bodywork Pty Ltd</i> , has deemed payable by <i>you</i> . This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> credit card you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.	
<b>Insert details of account to be debited</b>	
Name on Card _____	
Card Number  _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	
Expiry Date  _ _ - _ _ _ _	
CVV Number  _ _ _	
Card Type _____	
Payment Start Date _____ Frequency (circle) Weekly Fortnightly Monthly	
Amount per instalment _____ Duration _____	
<b>Acknowledgement</b>	
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 <i>Australian College of Fitness &amp; Bodywork Pty Ltd</i> as set out in this Request and in your Direct Debit Request Service Agreement.	
Insert your Signature and address	Signature _____ (if signing for a company, sign and print full name and capacity for signing eg. Director)
	Address _____ _____
	Date ___ / ___ / ___
Second account signatory (if required and if under 18yrs of age)	Signature _____ (if signing for a company, sign and print full name and capacity for signing eg. Director)
	Address _____ _____
	Date ___ / ___ / ___





**acfb**

Australian College  
of Fitness & Bodywork

## ACFB Direct Debit Service Agreement

This is your Direct Debit Service Agreement with *Australian College of Fitness & Bodywork Pty Ltd* ABN: 23 095 258 763 – ID: 454422 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.

### **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 *Australian College of Fitness & Bodywork Pty*, (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 fourteen **(14) days** written notice.

### **3. Amendments by you**

*You* may change, stop or defer a debit payment, or terminate this agreement by providing *us* with at least fourteen (14) days notice.

**days** notification by writing to: *Australian College of Fitness & Bodywork Pty Ltd – Suite 4/333 Mitcham Rd, Mitcham, Vic, 3132*

**or**

by telephoning *us* on 03 9873 4858 during business hours;

**or**

arranging it through your own financial institution, which is required to act promptly on your instructions.



#### 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 03 9873 4858 or via email at: [admin@acfb.edu.au](mailto:admin@acfb.edu.au) 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: Att: Business Manager - Australian College of Fitness & Bodywork Pty Ltd – Suite 4/333 Mitcham Rd, Mitcham, Vic, 3132.

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.

**All instalment plan details need to be organised and approved by ACFB prior to enrolment.**

**Once completed, please send this form along with your enrolment forms to:** (Attention: **Administration Manager**)

**Email:** [admin@acfb.edu.au](mailto:admin@acfb.edu.au)

**Fax:** 03 9873 8051

**Mail:** Suite 4/333 Mitcham Rd, Mitcham, Vic, 3132