

MediPay Financial Services Pty Ltd
ACN 602 847 987

Direct Debit Request

DIRECT DEBIT

To: MediPay Financial Services Pty Ltd (User ID 481176).

MediPay Loan Account No.:

I/We

Family Name

Given Name(s)

authorise and request you to debit my/our account described below with any amounts which may be due by me/us in connection with my/our fixed term principal and interest loan from MediPay Financial Services Pty Ltd (ACN 602 847 987) through the Bulk Electronic Clearing System (BECS) to my/our account conducted with

NOMINATED ACCOUNT TO BE DEBITED

FROM this account

Name of Financial Institution

Branch

Name of Account Holders (or Account Title)

BSB

ACCOUNT No.

CUSTOMER AUTHORISATION

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Service Agreement attached.

Customer Signature

Contact No.

Customer Signature

Contact No.

Date

_____/_____/_____

Date

_____/_____/_____

Direct Debit Service Agreement

This document provides information to you regarding the direct debiting of your account. By signing the Direct Debit Request (DDR) you acknowledge you have read and agree to these terms.

1. The DDR will be used to debit amounts due by you under your finance agreement with us.
2. If a payment falls due on a non-business day, the amount will be debited on the next business day. If you are uncertain when a debit will be processed to your account, you should contact us.
3. The purpose for which the DDR is used will not be changed without giving you at least 14 days' notice.
4. All information relating to you and your nominated account will be kept confidential subject to any consents you have granted. We may disclose information for the purpose of resolving any disputed payment or claim.
5. You may not terminate the DDR without our consent.
6. You may request a stop to any individual debit by giving written notice to us at least five business days prior to the payment due date. You may also contact your financial institution.
7. You may request deferment or alteration to payments under the DDR by contacting us at least five business days prior to the payment due date.
8. If you consider that a debit has been incorrectly made, you should contact us or your financial institution. We will determine whether the debit was correct, and if not, arrange for an adjustment. Claims may also be directed to your financial institution.
9. You must ensure there are sufficient clear funds available in the nominated account to meet each debit on its due date. You must advise us if the account nominated by you to receive the DDR is transferred or closed.
10. You must arrange a suitable alternate payment method with us if you wish to cancel the DDR and we agree to its cancellation.
11. You must not close or alter the account being debited without our prior written consent and unless approved alternate payment arrangements have been made.
12. If a payment is dishonoured, you may be charged fees by your financial institution, you may incur fees under your contract with us, and you may be in default under that contract.
13. You agree that we may assign this authority to anybody who takes over the ownership or running of your account.