



**Direct Debit Request (DDR)
Authorisation Form**

CUSTOMER DETAILS

Cust: Ref #:

Given Name: Surname:
(Or Company Name)

Address:
Street Name and Number City State P/code

Telephone:
Mobile Work Phone Home Phone

Email:

PAYMENT ARRANGEMENT | For the total amount billed for the specified period for this and any other subsequent agreements or amendments including associated fee/charges as detailed.

I/We authorise and request IntegraPay Pty Ltd, to debit payments from my/our account as specified below at intervals and amounts as directed by Darren Lange Swimming Academy as per the terms and conditions of my agreement with Darren Lange Swimming Academy and in accordance with the Direct Debit Request and the IntegraPay DDR Service Agreement.

Data Storage & Compliance: <small>(once only)</small>	\$0.00	Transaction Fee (Bank Account):	\$0.88	Transaction Fee (Card Account):	<table border="0"> <tr> <td>Visa/MasterCard:</td> <td>\$0.33 plus 1.87%</td> <td rowspan="2">Failed Payment Fee:</td> <td rowspan="2">\$5.50</td> </tr> <tr> <td>Amex:</td> <td>\$0.33</td> </tr> </table>	Visa/MasterCard:	\$0.33 plus 1.87%	Failed Payment Fee:	\$5.50	Amex:	\$0.33	Added to next payment
Visa/MasterCard:	\$0.33 plus 1.87%	Failed Payment Fee:	\$5.50									
Amex:	\$0.33											

* Additional 1.10% for international cards

BANK ACCOUNT AUTHORISATION | Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution

Financial Institution Branch

BSB Number Account Number | 9 Digits MAX

Account Holder Name

I / We authorise IntegraPay Pty Ltd ABN 63 135 196 397, User ID 382220, to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Arrangements stated above and this Direct Debit request and as per the DDR Service Agreement provided.


CREDIT CARD AUTHORISATION

Please charge my periodical payments to my (please tick one): VISA MasterCard Amex

Card Number (as updated by me or my Financial Institution and notified to the Debit User) Expiry Date /
M M / Y Y

Name on Card (exactly how it appears on card)

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understand the same.

 AUTHORISING SIGNATURE Date / /
D D / M M / Y Y Y Y

TERMS AND CONDITIONS

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with IntegraPay and the Business. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place 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 form

I/We hereby authorize IntegraPay Pty Ltd (ABN: 63 135 196 397) Direct Debit User ID 382220 to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the Business)

I/We acknowledge that IntegraPay is acting as a Direct Debit Agent for the Business and that IntegraPay does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

I/We acknowledge that IntegraPay and the Business will keep any information (including account details) contained in the Direct Debit Request confidential. IntegraPay and the Business 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:

- (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).

I/We acknowledge that the debit amount will be debited from my/our account according to the Direct Debit Request, this Agreement and the terms and conditions of the agreement with the Business.

I/We acknowledge that bank account details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We acknowledge that it is my/our responsibility to ensure that there is sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight; however transactions can take up to three (3) business days depending on your financial institution. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We agree that IntegraPay will not be held responsible for any fees and charges that may be charged by your financial institution.

I/We Acknowledge that there may be a delay in processing if:

- 1) There is a public or bank holiday on the day, or any day after the debit date
- 2) A payment request is received by IntegraPay on a day that is not a Banking Business Day
- 3) A payment request is received after normal operational hours, being 2.30pm Monday to Friday. Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise the Business to vary the amount of the payments from time to time as provided for within the Business agreement. I/We authorise IntegraPay to vary the amount of the payments upon instructions from the Business.

I/We do not require IntegraPay to notify me/us of such variations to the debit amount.

I/We acknowledge that the total amount billed will be for the specified period for this and/or subsequent agreements and/or amendments.

I/We acknowledge that the Business is to provide 14 days notice if proposing to vary the terms of the debit arrangements.

I/We acknowledge that variations to the debit arrangement will be directed to the Business.

I/We acknowledge that any request to stop or cancel the debit arrangement will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit in addition to any financial institution charges and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by IntegraPay.

I/We authorise IntegraPay to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that if specified by the Business, a setup, variation, dishonour, SMS or processing fees may apply as instructed by the Business.

I/We authorise:

- 1) The Debit User to verify details of my/our account with my/our financial institution
- 2) The Financial Institution to release information allowing the Debit User to verify my/our account details.

IntegraPay Pty Ltd

ABN: 63 135 196 397

P.O Box 6290, Upper Mt Gravatt, Queensland 4122

Ph: 07 3040 4320 Fax: 07 3343 8590