

RESIDENTIAL CARE DIRECT DEBIT REQUEST

RESIDENT'S NAME _____ UR _____

Customer's Authority

Name of Customer giving the Direct Debit Request (please print)

I

Authorise **Ballarat Health Services** (Debit User ID number: **325319**) to arrange for funds to be debited from my account at the financial institution identified below and as prescribed in this form through the Bulk Electronic Clearing system (BECS). I understand that if the direct debit rejects, that I will incur a \$30.00 rejection fee.

This authorisation is to remain in force from ____ / ____ / 20____ until further notice in writing, to debit my / our account for **(please write purpose and set amount for direct debit in the box below):**

Purpose of debit

RESIDENTIAL BED FEES (This may include Accommodation Fees, Accommodation Charges, Income Test Fees and sundry expenses)

Amount

\$ OWING

Frequency of debit payments (please tick)

Fortnightly

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Client Services Agreement received from **Ballarat Health Services**.

Signature (Please enclose Power of Attorney if applicable)

Date

/ / 20

Contact (address/ phone/email details)

Phone:

Do you require a monthly Billing Statement? YES/NO

*Pension type – Centrelink/Department of Veteran Affairs/Nil**

**Circle if applicable*

Details of the Account to be Debited

Name of the Financial Institution

Branch

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Account Name

BSB Number (6 Digits)

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Account Number

• Please ensure bank verification confirming the Account Name, BSB and Account Number on bank letterhead is attached eg. Bank Statement.

Please return completed form to:

Ballarat Health Services, Residential Services
 PO Box 577, Ballarat, Victoria. 3350 Ph: 03 5320 4215
 Email: residentialcoordinator@bhs.org.au

*** Office Use Only ***

Bank Verification attached Checked and verified by: _____ Date: _____



BALLARAT HEALTH SERVICES PAY PLAN CLIENT SERVICE AGREEMENT

Our commitment to you

Drawing arrangements:

We will advise you, in writing, the details of the BHS Pay Plan drawing arrangements (amount; frequency; commencement date) at least 5 calendar days prior to the first drawing. If you are a residential care customer, we will commence your direct debit on the first applicable pension day and then on the first applicable pension day of each month.

Where the due date falls on a non business day, we will draw the amount on the next business day. We will not change the amount or frequency of drawings arrangements without your prior approval.

We reserve the right to cancel the BHS Pay Plan drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights:

You may terminate the BHS Pay Plan drawing arrangements at any time by giving written notice directly to us.

You may defer payment of a drawing under the BHS Pay Plan by giving written notice directly to us. Notice given to us should be received by us at least 5 business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (outside the BHS Pay Plan arrangements) you may take the matter up directly with us, or lodge a Direct Debit claim through your nominated Financial Institution.

Your commitment to us

Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the BHS Pay Plan drawings is transferred or closed. It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the BHS Pay Plan.