



# Direct Debit Request

Police & Nurses Credit Society Limited  
ABN 69 087 651 876  
AFSL/ACL 240701  
Level 7, 130 Stirling Street  
Perth WA 6000

PO Box 8609, Perth BC,  
Western Australia 6849  
Telephone 13 25 77  
Fax (08) 9219 7660  
www.pncs.com.au



I/We authorise and request Police & Nurses, until further notice in writing, to debit my/our nominated account (details provided below) through the Bulk Electronic Clearing System with any amount they may properly debit, subject to the Terms & Conditions of the Direct Debit Service Agreement and instructions provided below.

## MEMBER DETAILS

Member Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Surname/Company Name \_\_\_\_\_  
Given Names/ABN \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## DETAILS OF NOMINATED ACCOUNT TO BE DEBITED

Name of Financial Institution \_\_\_\_\_  
Address of Financial Institution \_\_\_\_\_  
BSB \_\_\_\_\_ Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

**Note:** Direct debits may not be available on all accounts. Please check with your financial institution.

## DEBIT DETAILS

A.  Regular Direct Debits

Fixed amount of \$ \_\_\_\_\_

Frequency  Weekly  Fortnightly  Monthly  Other \_\_\_\_\_

Date effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until \_\_\_\_ / \_\_\_\_ / \_\_\_\_  or until further notice

**OR**

B.  One-Off Direct Debit

Amount \$ \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## AUTHORITY

By signing this Direct Debit Request I/we acknowledge:

- that I/we have read and understood the Terms & Conditions governing the debit arrangements between me/us and Police & Nurses as set out in this Direct Debit Request and the Direct Debit Service Agreement
- that Police & Nurses have the right to verify the above mentioned account details and thereby authorise the nominated financial institution to release my/our account information allowing verification of the nominated account details
- that it is my/our responsibility to ensure that the account information is correct and that this request is signed by all signatories of the nominated account
- that this request will only be loaded and actioned upon receipt of original copy of this form

**X**

Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**X**

Signature

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## OFFICE USE ONLY

Officer \_\_\_\_\_ Operator No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Direct Debit Request Service Agreement

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## 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.

*business 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.

*direct debit request* means the Direct Debit Request between us and you.

*us* and *we* means Police & Nurses Credit Society Ltd you have authorised by signing a *direct debit request*.

*you* means the customer who signed the *direct debit request*.

*your financial institution* is the Financial Institution where you hold the *account* that you have authorised us to arrange to debit.

## 1. Debiting your account

1.1 By signing the *direct debit request*, 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*. We will not issue individual confirmation of payments made.

1.3 If the *debit day* falls on a day that is not a business day, we may direct your *financial institution* to debit your account on the previous or following business day. If you are unsure about which day your *account* has been or will be debited, please check with your *financial institution*.

## 2. Changes by us

2.1 We may vary the terms of this *agreement* or a *direct debit request* at any time by giving you at least thirty (30) days' written notice.

## 3. Changes by you

3.1 Subject to clause 3.2 you may change the arrangements under a *direct debit request* by giving us ten business days' notice in writing, signed by you, of the deferral or change, or by telephoning us on 13 25 77 or by facsimile on 9219 7660.

3.2 You may also cancel your *direct debit request* at any time by giving us 30 days' notice in writing before the next *debit day*. This notice should be given to us in the first instance.

## 4. Your Obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your *account* on a *debit day* to allow a *debit payment* to be made in accordance with the *direct debit request*. Funds credited to your receiving *account* at Police & Nurses Credit Society will be subject to a clearance period.

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 be charged a fee to reimburse us for fees or charges we have incurred for the failed transaction; and
- (c) you must arrange for the *debit payment* to be made by another method.

4.3 You should check your *account* statement to verify that the amounts debited from your *account* are correct.

4.4 If Police & Nurses Credit Society A.B.N. 69 087 651 876 ("the Society") is liable to pay goods and services tax ("GST") on a supply made by the Society in connection with this *agreement*, then you agree to pay the Credit Society on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## 5. Dispute

5.1 If you believe that there has been an error in debiting your *account*, you should notify us directly by telephone on 13 25 77, by facsimile on (08) 9219 7660 or emailing pncs@pncs.com.au. You should also confirm the details in writing with us as soon as possible so that we can resolve your query quickly.

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.

5.4 Any queries you may have about an error made in debiting your *account* should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your *financial institution*, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

## 6. Accounts

6.1 Please be aware that direct debiting may not be available on all accounts. You should check:

- (a) with your *financial institution* whether direct debiting is available from your *account*.
- (b) your *account* details which you have provided to us are correct by checking them against a recent account statement from your *financial institution*; 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. You may access any personal information we hold about you at any time by contacting us.

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* or if required by our sponsor in the *direct debit* system (including disclosing information in connection with any query, dispute or claim).

## 8. Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to: Police & Nurses Credit Society  
PO Box 8609  
Perth BC, WA 6849

8.2 Notices will be sent to the current address held for your membership.

8.3 Any notice will be deemed to have been received two business days after it is posted by Police & Nurses Credit Society.