

Member Details

APS Benefits Group Member Number

First Name(s)

Surname

Date of Birth

Email Address

Contact Number

Residential Address

Suburb

State

Postcode

Establishing a new direct debit

Changing an existing direct debit

Once only payment

Financial Institution Details

Account Name

BSB

Account Number

Credit Card Details (Membership payments only)

Card Number

Expiry

CVV

Direct Debit Details

Loan

\$

Frequency:

First Payment Date: ___/___/_____

Weekly / Fortnightly / Monthly

Membership
subscription

\$

Frequency:

First Payment Date: ___/___/_____

Weekly / Fortnightly / Quarterly / Annually

I authorise the APS Benefits Group Ltd, until further notice, to arrange payment of my Funeral Benefit / Loan Repayment via Bulk Electronic Clearing System ("BECS") by debiting my account as described above. I acknowledge that this request may be terminated at any time by notice in writing from either you or us and that an alternative method of payment must be adopted. I authorise the following:

1. The Debit User to verify the details of the above mentioned account with my Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

Signature(s):Date: ___/___/_____

1. Debiting your Account

1.1 By signing a direct debit authority, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit authority 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 authority.

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 following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by Us

2.1 We may vary any details of this agreement or a direct debit authority at any time by giving you at least 14 days' written notice.

2.2 Any notice will be deemed to have been received five business days after it is posted.

3. Changes by You

3.1 Subject to 3.2, you may change the arrangements under a direct debit authority by contacting us on 1300 131 809.

3.2 If you wish to stop, defer or cancel a debit payment you must notify us in writing at least 14 days before the next debit day. This notice should be given to us in the first instance.

4. Your Responsibilities

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 authority.

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

4.3 Check 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

4.4 If, for any reason, we are unable to withdraw the required amounts we will write to you.

5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. You may contact us on 1300 131 809.

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.