



Orthobay Pty Limited (ABN 29 002 946 670)

DIRECT DEBIT REQUEST (DDR)

Name in full of Customer(s) giving the DDR

Responsible Party Authority:

I/We

authorise you, Orthobay Pty Limited t/a Hunter Valley Orthodontics (**Debit User Identification Number 263583**), to arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS) for the payment of the remaining contract amount as specified below for specialist orthodontic treatment for:

Patient Name:	<input type="text"/>	Patient Number:	<input type="text"/>
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This authorisation is to remain in force in accordance with the terms described in the Service Agreement.

Office Only	Total amount to be charged:	<input type="text"/>	Office Only	Entered Ortho:	
	Regular payment amount:	<input type="text" value="X"/>			
	Frequency of charge:	<input type="text" value="MONTHLY"/>			
	First payment date:	<input type="text"/>			Signature: _____
	Last payment date:	<input type="text"/>			

Please tick box where appropriate:

Payments are due on 1st of the month

Receipt Required? Yes No

DO YOU CURRENTLY HAVE DIRECT DEBIT PAYMENTS FOR ANOTHER PATIENT?

Yes No

DETAILS OF ACCOUNT TO BE DEBITED

Financial Institution	<input type="text"/>	Branch Name	<input type="text"/>
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BSB Number	<input type="text"/>	Account Number	<input type="text"/>
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Note: Direct debiting through BECS is not available on all accounts. If in doubt, please refer to your Financial Institution.

All details must be supplied - Account name in full!!

Account Name

I/We authorise the following:

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

Signature/s	<input type="text"/>	<input type="text"/>
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Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Hunter Valley
ORTHODONTICS**

Orthobay Pty Limited (ABN 29 022 946 670)

DIRECT DEBIT / CREDIT CARD REQUEST SERVICE AGREEMENT

Debiting your nominated account:

- By signing a **Direct Debit / Credit Card Request**, **you** have authorised **us** to arrange for funds to be debited from your **nominated account**. **You** should refer to the **Direct Debit / Credit Card Request** and this **Agreement** for the terms of the arrangement between **us** and **you**.
- We will only arrange for funds to be debited from your **nominated account** as authorised in the **Direct Debit / Credit Card Request**.
- If the **debit day** for payment falls on a non-working day or public holiday, the payment will be processed on the next **banking day**.

Changes by us:

- **We** may vary any details of this **Agreement** or a **Direct Debit / Credit Card Request** at any time by giving **you** at least fourteen (14) days notice.

Changes by you:

- **You** may change the arrangement under a **Direct Debit / Credit Charge Request** by calling our office on (02) 4948 9809 or visiting our payments office at 1st Floor, 464 The Esplanade, Warners Bay.
- If **you** wish to stop or defer a debit payment **you** must notify us in writing at least fourteen (14) days before the next **debit day**.
- **You** may cancel your authority for **us** to debit your **nominated account** at any time by giving us fourteen (14) days notice in writing before the next **debit day**.

Your Obligations:

- It is your responsibility to ensure that there are sufficient cleared funds available in your **nominated account** to allow a **debit payment** to be made in accordance with the **Direct Debit / Credit Card Request**.
- If there are insufficient cleared funds in your **nominated account** to meet a **debit payment**:
-**you** may be charged a fee and/or interest by your **financial institution**
-**you** will incur a fee of \$20.00 imposed by **us**; and
-**you** must arrange for the **debit payment** to be made by another method or arrange for sufficient cleared funds to be in your nominated account by an agreed time so that we can process the debit payment.
We reserve the right to cancel the Direct Debit arrangement at any time if drawings are returned unpaid.
- **You** should check your **nominated account** statement to verify that the amounts debited from your **nominated account** are correct.

Disputes:

- If **you** believe there has been an error in debiting your **nominated account**, **you** should contact our office in the first instance and confirm details with us in writing as soon as possible so that **we** can resolve your query quickly. **We** will investigate the matter and advise **you** in writing whether your **nominated account** has been incorrectly or correctly debited. If **we** cannot resolve the matter, **you** can still refer it to your **financial institution** and they may lodge a claim on your behalf.

Nominated Accounts:

- **You** should check with your **financial institution** whether direct debiting is available from your **nominated account** as direct debiting is not available on all accounts offered by **financial institutions**. **You** need to ensure that the **nominated account** details which **you** have provided to **us** are correct by checking them against a recent bank statement. If **you** have any queries about how to complete the **Direct Debit / Credit Card Request**, **you** should check with your **financial institution**.

Confidentiality:

- All customer records and account details will be kept private and confidential to be disclosed only at the request of the Customer or **financial institution** in connection with a claim to an alleged incorrect or wrongful debit.
- Last payment date will be carried forward if there is any pending balance until the agreed contract amount is covered in full.

DEFINITIONS:

Nominated 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 / Credit Card Request between you and us.

Direct Debit / Credit Card Request means the Direct Debit / Credit Card Request between us and you (and includes any Form PD-C approved for use in the transitional period).

Us or we means Orthobay Pty Limited t/a Hunter Valley Orthodontics (the Debit User) you have authorised by signing a Direct Debit / Credit Card Request.

You means the customer who signed the Direct Debit Request.

Your financial institution is the financial institution where you hold the nominated account that you have authorised us to arrange to debit.

Debit day means the day that payment by you to us is due.

Banking day means a day other than a Saturday, Sunday or a public holiday listed throughout Australia.