



OFFICE USE ONLY

Client ID: _____ - _____ - _____

Payment form

Please complete and return this form to Tunstall Healthcare via the reply paid address listed below.

I would like to pay my account by the following method:

- Direct debit Complete the **Direct debit request** details below
- Automatic credit card Complete the **Automatic credit card request** details below

I would like to pay:
Please tick one

- Monthly Quarterly Half yearly Annually
- Payments are processed in advance on the 28th of each period

Automatic credit card request

Card type MasterCard Visa

Card number _____ - _____ - _____ Exp date ____ - ____

Name on card _____

Cardholder signature _____
(required by law to process a credit card payment)

Direct debit request

I / We authorise you, Tunstall Australasia Pty Ltd (ABN 44059121863, Debit User 055059) to arrange for funds to be debited from my / our nominated account via the Bulk Electronic Clearing System at the financial institution shown below, according to the schedule specified above. This authority is to remain in force until further notice.

Your name _____

Name and branch of financial institution _____

BSB number _____ - _____

Account number _____

Account holder name _____

ALL persons authorised to operate on the account must sign here:

Signed: _____ Date: _____

Signed: _____ Date: _____

Return to: Tunstall Healthcare, Reply paid 74773 Eagle Farm Qld 4009

Direct debit service agreement

1. Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Tunstall Healthcare, Debit User 055059, and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

1.1 Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for the alarm services provided.

1.2 Drawing arrangements

- The first drawing under this Direct Debit arrangement will occur on the first nominated day after the Direct Debit form is returned to us.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days' notice in writing when changes to the initial terms of the arrangement are made.
- If you wish to discuss any changes to the initial terms, please contact our Accounts Department on Free call 1800 603 377.

2. Your rights

2.1 Changes to the arrangement

If you want to make changes to the drawing arrangements, contact us by phone on Free call 1800 603 377 or email our Accounts Department at accounts@tunstallhealthcare.com.au. These changes may include:

- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

2.2 Enquiries

Direct all enquiries to us, rather than to your financial institution, and these should be made at least seven working days prior to the next scheduled drawing date.

All communication addressed to us should include your customer reference number which is a 12 digit number e.g. 1234-5678-9876 noted on any correspondence from us.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

2.3 Disputes

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting our Accounts Department on Free call 1800 603 377.
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:
 - within five business days (for claims lodged within 12 months of the disputed drawing); or
 - within 30 business days (for claims lodged more than 12 months after the disputed drawing)
- You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

3. Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will attempt to re-draw within seven days. Should a second attempt to draw the funds fail we will issue a letter requesting immediate payment. Any transaction fees payable by us in respect of the above will be added to the account.

The logo for Tunstall, featuring the word "Tunstall" in a bold, white, sans-serif font inside a black rounded rectangular border.

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t/a Tunstall Healthcare
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Eagle Farm Q 4009
ABN 44 059 121 863
t: 1800 603 377

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w: www.tunstallhealthcare.com.au