## **INSTALMENT PAYMENT AUTHORITY**

Payments Monitored by:

# **Nps Collectsmart**

#### NETWORK PAYMENT SOLUTIONS

PO Box 3544 Success 6964 Ph: 1300212345 Fax: (08) 9414 7969 `E-mail: terryk@collectsmart.com.au

CLIENT ID: AF65

NPS CLIENT NAME: **BALDIVIS SECONDARY COLLEGE** 

| Ref:  |                              |                        | Total A                   | mount Due: (   | ONGOING       | G/TARGET             |
|---|------------------------------|------------------------|---------------------------|----------------|---------------|----------------------|
|   | Custom                       | er/s details in full   |                           |                |               |                      |
| I/we (Full Name/s) Mr/Mrs/Ms/Miss   |                              |                        |                           |                |               |                      |
| Company Name (if applicable):   |                              |                        |                           |                |               |                      |
| Address of Customer/s:  |                              |                        |                           | Postcode       | :             |                      |
| Email:  |                              |                        | Phone:                    |                |               |                      |
| I/we authorise and request Network Payment the schedule below) to be debited with any an                          |                              |                        |                           |                |               |                      |
| Amount to be Debited per instalment \$2   | ).00                         | Direct De              | bit <mark>to com</mark> ı | mence on       |               | <mark>202</mark> 3   |
| Frequency (please Tick a box)   | Weekly [                     | Fortnightly            | 0                         | Monthly        | [ C           | ne-Off Payment       |
| I/we authorise and request that this Direct De agreement. I/we have read the service agree                        |                              |                        | ferred or oth             | erwise altered | d in accordan | ce with this service |
| Customer Signature:   |                              | Date of sign           | ing:                      |                |               | /2023                |
| Bank Account Deductions   |                              |                        |                           |                |               |                      |
| The Schedule  |                              |                        |                           |                |               |                      |
| Type of Account to be debited (e.g. Savings o   | Cheque)                      |                        |                           |                |               |                      |
| Account in the name of (e.g. Mr Peter Smith)  | _                            |                        |                           |                |               |                      |
| BSB Number  | Acco                         | unt Number             |                           |                |               |                      |
| Customer Signature  |                              |                        | Date                      | e of signing _ |               |                      |
| Note: Direct Debiting is not available on the full Financial Institution  |                              |                        |                           | s or signing _ |               |                      |
|   |                              | OR                     |                           |                |               |                      |
| <u>Credit Card Deductions</u> (Mail/Telephone,  | Credit Card Rules Applica    | able)                  |                           |                |               |                      |
| Please Debit my Credit Card   |                              |                        |                           | _              | Master Card   | □ Visa Card          |
| 1 loade Debit my orealt oard  |                              |                        |                           |                |               |                      |
| ·   |                              |                        |                           |                |               |                      |
| Name on Card  |                              | _                      |                           |                | Expiry Dat    | te                   |
| Name on Card  Card Number:  I/We authorise Network Payment Solutions , Network Payment Solutions may debit or cha | intil future notice to debit | my/our credit card, th | ne details of             | which are sho  |               |                      |

# **DIRECT DEBIT REQUEST**

### SERVICE AGREEMENT

- 1. Network Payment Solutions User ID No. 124227 ("Debit User") will initiate direct debit payment in the manner referred to in the Schedule.
- 2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
- 3. The Debit User will give the customer at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of payments.
- 4. If the customer wishes to defer, suspend or alter any payment referred to in the Schedule, the customer must write to Network Payment Solutions at P O Box 3544 Success WA 6964.
- 5. Any queries concerning disputed debit payments must be directed to the Debit User in the first instance, on Telephone No. 1300 212345 or Facsimile No. 08 94147969 during normal business hours. 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 7 business days. (For claims lodged within 12 months of the disputed drawing), or within 30 business days for claims lodged more than 12 months from the disputed drawing. You will receive a refund of the drawn amount in the event that we are unable to substantiate the drawing.
- 6. Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with their financial institution before completing the Direct Debit Request.
- 7. The customer should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held.
- 8. It is the customer's responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with this Direct Debit Request.
- 9. If a debit payment falls due on any day that is not a business day, the payment will be made on the next business day
- 10. If a debit payment is returned unpaid, the customer will be charged a fee for each unpaid item and will be liable for any further costs incurred by the Debit User in recovering the outstanding amount. A re-debit will be effected within 14 days of the initial rejection.
- 11. Customers wishing to cancel the Direct Debit Request or to stop individual debit payments must give at least 7 days' written notice to the Debit User at the address referred to above.
- 12. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User will keep details of the customer's account and debit payments confidential.
- 13. This Service Agreement shall be governed by the laws of Western Australia.