

# Customer Direct Debit Request (DDR) Service Agreement

This is your Direct Debit Service Agreement with CHILDREN'S MEDICAL RESEARCH INSTITUTE, (379164) ABN 47 002 684 737. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

## HOW TO CONTACT US

### Enquiries

You can contact us directly or alternatively contact your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date.

You may contact us as follows:-

Phone: 02 9687 2800  
Email: [kwild@cmri.org.au](mailto:kwild@cmri.org.au)  
Mail: 214 Hawkesbury Road  
Westmead, NSW, Australia 2145

All communication addressed to us should include your Customer Number.

### 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*.

**banking 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.

**debit payment** means a particular transaction where a debit is made.

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

**us** or **we** means CHILDREN'S MEDICAL RESEARCH INSTITUTE (379164) *you* have authorised by requesting a *Direct Debit Request*.

**you** means the customer who has signed or authorised by other means the *Direct Debit Request*.

**your financial institution** means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

## **DEBITING YOUR ACCOUNT**

By signing a *Direct Debit Request* or by providing *us* with a valid instruction, *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*.

*We* will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

**or**

*We* will only arrange for funds to be debited from *your account* if *we* have sent to the address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day your *account* has or will be debited *you* should ask *your financial institution*.

### **Amendments by us**

*We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least **fourteen (14) days** written notice.

### **Amendments by you**

*You* may change, stop or defer a *debit payment*, or terminate this agreement by providing *us* with at least 7 days notification by writing to:

214 Hawkesbury Road  
Westmead, NSW, Australia 2145

**or**

by telephoning *us* on 02 9687 2800 during business hours;

or

arranging it through *your financial institution*, which is required to act promptly on your instructions.

### **Your obligations**

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 Request*.

If there are insufficient clear funds in your account to meet a *debit payment*:

- *you* may be charged a fee and/or interest by *your financial institution*;
- *you* may also incur fees or charges imposed or incurred by *us*; and
- *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

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

### **Dispute**

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 02 9687 2800 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve your query more quickly. Alternatively *you* can take it up directly with *your financial institution*.

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.

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 in writing.

## Accounts

You should 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.
- *your account* details which *you* have provided to *us* are correct by checking them against a recent account statement; and with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

## Confidentiality

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.

We will only disclose information that *we* have about *you*:

- to the extent specifically required by law; or
- for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

## Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to:

CHILDREN'S MEDICAL RESEARCH INSTITUTE  
214 Hawkesbury Road  
Westmead, NSW, Australia 2145

We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.