

Karate 4 Kids - Gympie



ACN 096 902 813 AFSL 315388

DIRECT DEBIT	REQUEST	Ph: 07 4163 2661 ABN/ACN: 80 123 783 568	NEW CUSTOMER FORM
YOUR DETAILS	Please complete this form using a E	BLACK PEN. * Indicates a MANDATORY FIELD	
Business: Customer Reference:	Karate 4 Kids Pty Ltd	ABN/ACN: 80 123 783 568	100-589-619
* Surname:		* Given Name:	
* Mobile #:		I authorise Ezidebit to re	mind me of upcoming debits via SMS
* Email:			
* Address:			
* Suburb:		* State:	* Postcode:
DEBIT ARRANGEMENT Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit			
Once Only Deb		/ Debit this ar	mount: \$
Regular Debits	Starting on Date: /	/ Debit this a	mount: \$
Frequency:	D D M Weekly Fortnightly	M M Y Y y Monthly 4 We	eekly
Duration:	Continue regular debits until furthe		
Administration Fee(once only) up to: Paid By Business	Transaction Paid By Business	Credit Card Transaction Fee: VISA/Mastercard: Paid By Business AMEX/Diners: Paid By Business	Optional SMS Failed Payment \$0.28 per SMS Payment \$14.80 Reminder: Fee:
Debit from C	PAYMENT METHOD redit Card MasterCard	AMEX Diners	
Card Number			Expiry Date: /
			M M Y Y
Name of			
Cardholder:	n. Vive authorise Exidenti acting on hebalf of the B	usingss to dehit navments from my specified Credit Card	
Cardholder: By signing this forr on my credit ca	ard statement. Furthermore, I/we agree to reimburs	se and indemnify Ezidebit for any successful claims made b	above, and I/we acknowledge that Ezidebit will appear as the merchant y the Card Holder through their financial institution against Ezidebit.
Cardholder: By signing this forr on my credit ca Debit from Ba		se and indemnify Ezidebit for any successful claims made b	above, and I/we acknowledge that Ezidebit will appear as the merchant
Cardholder: By signing this forr on my credit ca	ard statement. Furthermore, I/we agree to reimburs	se and indemnify Ezidebit for any successful claims made b	above, and I/we acknowledge that Ezidebit will appear as the merchant
Cardholder: By signing this forr on my credit co Debit from Ba Financial	ard statement. Furthermore, I/we agree to reimburs	se and indemnify Ezidebit for any successful claims made b	above, and I/we acknowledge that Ezidebit will appear as the merchant y the Card Holder through their financial institution against Ezidebit.
Cardholder: By signing this form on my credit ca Debit from Ba Financial Institution:	ard statement. Furthermore, I/we agree to reimburs ank, Building Society or Credit Uni	se and indemnify Ezidebit for any successful claims made b ion Account Branch:	above, and I/we acknowledge that Ezidebit will appear as the merchant y the Card Holder through their financial institution against Ezidebit.
Cardholder: By signing this forr on my credit ca Debit from Ba Financial Institution: BSB Number: Account Holder Name: IWe authorise Ezic	ard statement. Furthermore, I/we agree to reimburs ank, Building Society or Credit Uni 	se and indemnify Ezidebit for any successful claims made b ion Account Branch: Account Nt 9, 303909, 301203, 234040, 234072, 428198) to debit my/c	above, and I/we acknowledge that Ezidebit will appear as the merchant y the Card Holder through their financial institution against Ezidebit.
Cardholder: By signing this form on my credit ca Debit from Ba Financial Institution: BSB Number: Account Holde Name: IWe authorise Ezic Electronic Clear	ard statement. Furthermore, I/we agree to reimburs ank, Building Society or Credit Uni - debit Pty Ltd ACN 096 902 813 (User ID No 165968 aring System (BECS) in accordance with the Debit ain in force in accordance with the terms and condi	se and indemnify Ezidebit for any successful claims made b ion Account Branch: Account Nu 9, 303909, 301203, 234040, 234072, 428198) to debit my/cr. Arrangement stated above and this Direct Debit Request a itions on this Direct Debit Request, the provided Ezidebit DI	above, and I/we acknowledge that Ezidebit will appear as the merchant y the Card Holder through their financial institution against Ezidebit.
Cardholder: By signing this form on my credit ca Debit from Ba Financial Institution: BSB Number: Account Holde Name: IWe authorise Ezic Electronic Clear	ard statement. Furthermore, I/we agree to reimburs ank, Building Society or Credit Uni ank, Building Society or Credit Uni - er debit Pty Ltd ACN 096 902 813 (User ID No 165966 aring System (BECS) in accordance with the Debit ain in force in accordance with the terms and condi ige that our personal information will be collected, to	se and indemnify Ezidebit for any successful claims made b ion Account Branch: Account Nu 9, 303909, 301203, 234040, 234072, 428198) to debit my/cr. Arrangement stated above and this Direct Debit Request a itions on this Direct Debit Request, the provided Ezidebit DI	above, and I/we acknowledge that Ezidebit will appear as the merchant y the Card Holder through their financial institution against Ezidebit. Umber: but account at the Financial Institution identified above through the Bulk ind as per the Ezidebit DDR Service Agreement (Ver 1.9) provided.



DDR SERVICE AGREEMENT (Ver 1.9)

DDR Service Agreement (Ver 1.9)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

- 1. there is a public or bank holiday on the day of the debit, or any day after the debit date;
- 2. a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- 3. a payment request is received after normal Ezidebit cut off times, being 3:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/ our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee may be payable by me/us to EziDebit. Where a failed payment fee is applicable, the amount will be as detailed in the Debit Arrangement of the Direct Debit request. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection, or as otherwise required or permitted by law. Further information relating to Ezidebit's Privacy Policy can be found at http://www.ezidebit.com/au/privacy-policy/.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on my/our written request.

I/We authorise:

a. Ezidebit to verify and/or correct, if necessary, details of my/our account with my/our financial institution; and b. my/our financial institution to release information allowing Ezidebit to verify my/our account details.

PO Box 3327 Newstead, QLD 4006 Ph: (07) 3124 5500 Fax: (07) 3124 5555