

SASMOA

DIRECT DEBIT REQUEST SERVICE AGREEMENT

The following outlines our and your responsibilities to ensure the smooth and secure operation of our Direct Debit Agreement.

Initial Terms of the Arrangement

By signing a direct debit request you have authorised us to arrange for funds to be debited from your nominated account. You should refer to the direct debit request and this agreement for the Terms of the Arrangement between you and us.

Accounts

Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account that you have chosen.

Please make sure you have enough money in your account to cover your obligation to us when due. Your bank or financial institution may charge a fee if the payment cannot be met.

You must advise us if the nominated account is transferred or closed.

Drawing Arrangements

Your account will be debited on the last day of each month. If that payment date is a weekend or public holiday the process will take place on the following business day.

If the payment is rejected by your bank, the following month will include the rejected payment. If a second monthly payment is rejected we will change your payment method to annual invoicing and you will receive an invoice for the outstanding balance for the remainder of the calendar year.

Changes to the Arrangement

You may defer, suspend, stop, cancel, alter or change our Direct Debit arrangements at any time by written request to SASMOA (which may be faxed to 82671891) or to your financial institution.

Confidentiality

We will keep your account details confidential unless the law requires otherwise. We will make reasonable efforts to keep your account details secure and to ensure that your banking details are not disclosed for any misuse.

Queries/Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly either with us, by contacting SASMOA on 82675151 or with your financial institution. SASMOA undertakes to investigate any dispute and to advise you of the outcome.

DIRECT DEBIT REQUEST

PLEASE PRINT CLEARLY:

I/We _____ authorise SASMOA (Debit User ID No. 29288) to debit my account, detailed in the Schedule below, any amount accordingly through this Agreement and via the Direct Debit System, and agree I must pay SASMOA according to the arrangement between us. This authority is to remain in force until further written notice.

Schedule Details:

Financial Institution Name: _____

Address: _____

Account Title: _____

BSB Number:

Account Number:

Member's Full Address: _____ Post Code _____

Signature of Member

Signature of Card Holder

Date: _____