

RESIDENTIAL CARE DIRECT DEBIT REQUEST

ESIDENT'S NAME		UR	
Custome	r's Autho	ority	
Name of Customer giving the Direct Deb	it Request	(please print)	
I			
Authorise Ballarat Health Services (Debit User ID ny account at the financial institution identified beliectronic Clearing system (BECS). I understand to ejection fee.	below and	as prescribed in this form	through the Bul
This authorisation is to remain in force from/ our account for (please write purpose and set amo	/ 20 ount for dir	until further notice in ect debit in the box below	
Purpose of debit		Amount	
RESIDENTIAL BED FEES (This may include Accommodation Fees, Accommodation Charges, Income Test Fees and sundry expenses)		\$ OWING	
Frequency of debit payments (please tick) Fortnightly			
I/we acknowledge that this Direct Debit arrangement Agreement received from Ballarat Health Services.		d by the terms of the Client	Services
Signature (Please enclose Power of Attorney if applicable)	_	Date	
		/ /20	
Contact (address/ phone/email details)		Phone:	
Do you require a monthly Billing Statement? YES/N Pension type – Centrelink/Department of Veteran Aff		*Circle if applicabl	е
Details of the Account to be Debited			
Name of the Financial Institution	Branch		
Account Name			
BSB Number (6 Digits)	Account	t Number	
 Please ensure bank verification confirming Number on bank letterhead is attached eg. 			'Account
ease return completed form to: llarat Health Services, Residential Services D Box 577, Ballarat, Victoria. 3350 Ph: 03 532 nail: residentialcoordinator@bhs.org.au	20 4215	*** Office Use	Only ***
Bank Verification attached ☐ Checked and vo	erified by:		Date:
zama z ci meanon anaciica — — Ciictea alia ve	u by.		



BALLARAT HEALTH SERVICES PAY PLAN CLIENT SERVICE AGREEMENT

Our commitment to you

Drawing arrangements:

We will advise you, in writing, the details of the BHS Pay Plan drawing arrangements (amount; frequency; commencement date) at least 5 calendar days prior to the first drawing. If you are a residential care customer, we will commence your direct debit on the first applicable pension day and then on the first applicable pension day of each month.

Where the due date falls on a non business day, we will draw the amount on the next business day. We will not change the amount of frequency of drawings arrangements without your prior approval.

We reserve the right to cancel the BHS Pay Plan drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.

We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential.

Your rights:

You may terminate the BHS Pay Plan drawing arrangements at any time by giving written notice directly to us.

You may defer payment of a drawing under the BHS Pay Plan by giving written notice directly to us. Notice given to us should be received by us at least 5 business days prior to the due date.

Where you consider that a drawing has been initiated incorrectly (outside the BHS Pay Plan arrangements) you may take the matter up directly with us, or lodge a Direct Debit claim through your nominated Financial Institution.

Your commitment to us

Your responsibilities:

It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.

It is your responsibility to ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the BHS Pay Plan drawings is transferred or closed. It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the BHS Pay Plan.