

<b>DIRECT DEBIT REQUEST</b>	
<b>Request and Authority to debit</b>	<p><b>Your Surname or company name:</b> _____</p> <p><b>Your Given names or ABN/ARBN</b> _____ "you"</p> <p>Request and authorise Masefield Holdings Pty Ltd ATF The Graham Knight Unit Trust trading as <b>GSK Insurance Brokers (GSK)</b>, User ID 378386, ABN 70 970 795 411 to arrange a debit to your nominated account to pay for Insurance.</p> <p>This debit or charge will be arranged by <b>GSK's</b> financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from <i>your</i> nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.</p>
<b>Amount to debit</b>	<p>Any amount <b>GSK</b> has deemed payable by <i>you</i>.</p> <p><b>OR</b></p> <p>The amount specified in the invoice we have sent you, for payment on a due date</p>
<b>Your account to be debited</b>	<p><b>Name/s on account:</b> _____</p> <p><b>Financial institution name:</b> _____</p> <p><b>BSB number (Must be 6 Digits)</b>  __ __ __  -  __ __ __ </p> <p><b>Account number</b>  __ __ __ __ __ __ __ __ </p>
<b>Your contact details</b>	<p><b>Address:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>Phone:</b> _____</p>
<b>Confirmation</b>	<p>By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:</p> <ul style="list-style-type: none"> <li>• you are authorised to operate the nominated account; and</li> <li>• you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.</li> </ul>

<p><b>Your signature</b></p>	<p>Signed in accordance with the account authority on your account:</p> <p>Signature _____</p> <p>Contact details: As above</p> <p>Date ___ / ___ / ___</p>
<p><b>Second Account signatory (if required)</b></p>	<p>Signed in accordance with the account authority on your account:</p> <p>Signature _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Date: ___ / ___ / ___</p>
<p><b>Signing for company</b></p>	<p>You must be authorised to sign on behalf of the company AND you must have authority to operate the Company's bank account.</p> <p>Signature of duly authorised officer: _____</p> <p>Position held: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Email: _____ <i>(Notices will be sent to this email address)</i></p> <p>Phone: _____</p> <p>Date: ___ / ___ / ___</p> <p><b>Second company signatory (if required)</b></p> <p>Signature of duly authorised officer: _____</p> <p>Position held: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Email: _____</p> <p>Date: ___ / ___ / ___</p>



## DIRECT DEBIT REQUEST SERVICE AGREEMENT

This is your Direct Debit Service Agreement with Masefield Holdings Pty Ltd ATF The Graham Knight Unit Trust trading as **GSK Insurance Brokers (GSK)**, User ID 378386, ABN 70 970 795 411. 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.

### 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*.

**Business 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 written, verbal or online request between *us* and *you* to debit funds from your account.

**Us or we:** means GSK Insurance Brokers, (the Debit User) *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:** is the financial institution where you hold the account from which you have authorised us to arrange a debit.

### 1. Debiting your account

1.1 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*.

1.2 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 email / 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.

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

### 2. Amendments by us

2.1 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 sent to the preferred email / address you have given us in the *Direct Debit Request*.

2.2 We reserve the right to cancel this agreement if the first debit from your account is returned unpaid or two or more debit attempts are returned unpaid by your financial institution.

### 3. How to cancel or change direct debits

*You* can:

(a) Cancel or suspend the *Direct Debit Request*; or

(b) Change, stop or defer an individual debit payment

at any time by giving at least 7 business days' notice.



**To do so, contact us at** GSK Insurance Brokers, PO Box 160, Belmont WA 6984

or

by telephoning us on 08 9478 1933 during business hours;

You can also contact your own financial institution, which must act promptly on your instruction.

#### **4. Your obligations**

- 4.1 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*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
  - (a) *you* may be charged a fee and/or interest by *your financial institution*;
  - (b) *you* may also incur fees or charges imposed or incurred by *us*; and
  - (c) *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*.
- 4.3 *You* should check *your* account statement to verify that the amounts debited from *your account* are correct.

#### **5. Dispute**

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on [courier@gskinsurance.com.au](mailto:courier@gskinsurance.com.au) or 08 9478 1933. Alternatively you can contact your financial institution for assistance.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging within a reasonable period 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.
- 5.3 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.

#### **6. Accounts**

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

#### **7. Confidentiality**

- 7.1 *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.



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

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

## 8. Contacting each other

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

**GSK Insurance Brokers, PO Box 160, Belmont WA 6984**

**Or**

**[courier@gskinsurance.com.au](mailto:courier@gskinsurance.com.au)**

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us or sending you an email to the email address you have provided in the *Direct Debit Request*. Any notice will be deemed to have been received on the second *banking day* after posting.

**PLEASE NOTE THAT YOUR COURIER COMPANY WILL BE NOTIFIED IMMEDIATELY SHOULD A DRAWING/PAYMENT NOT BE SUCCESSFUL ON THE NOMINATED DAY OF THE MONTH (28TH OF EACH CALENDAR MONTH UNLESS IT IS A WEEKEND AT WHICH POINT DRAWING WILL OCCUR ON THE NEXT BUSINESS DAY) AND THIS MAY RESULT IN YOU BEING UNABLE TO CONTINUE YOUR SCHEDULED WORK.**