DIRECT	Welle	Hills				
DIRECT DEBIT REQUEST	Helping Hands	PO Box 51 Moffat Beach QLI (07) 5438 9	D 4551			
YOUR DETAILS Please complete this form	using a BLACK PEN, * Ir	ndicates a MANDATORY FIE	LD			
Business: Helping Hands Network	Pty Itd	ABN/ACN.	49 134 154	162		



NEW CUSTOMER FORM

		NETWORK		-			
YOUR DETAILS	Please complete this form us	sing a BLACK PEN, * Indicates	a MANDATORY FIELD				
Business:	Helping Hands Network Pt	zy Ltd	ABN/ACN: 49	134 154 162	HHN CHL 2	4667	
Customer Reference:							
*Surname:			*Given Name:				
*Mobile #:							
* Email:							
*Address:							
*Suburb:			*State:		*Postcode:		
DEBIT ARRANGE		letails and associated fees/char ubsequent agreements or amen					
I/we authorise and request Ezidebit Pty Ltd ACN 096 902 813 (User ID 165969) ("Ezidebit") to debit payments from my/our account, as specified below, at intervals and amounts as directed by Helping Hands Network Pty Ltd ("The Business") as per the Terms and Conditions of my agreement with the Business and in accordance with this Direct Debit Request and the Ezidebit DDR Service Agreement (Ver 1.2).							
Administration Fee Pa (once only): Bu	aid by Bank Account Siness Transaction Fee: E	-		Card: Paid by Business ners: 4.4% (Min \$0.72)	Optional SMS Payment Reminde	er N/A	
CHOOSE YOUR PAYMENT METHOD							
Debit from Credit Card							
VISA	MasterCard	AMEX	Diners				

Number:	
Name of	

Card

Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution:		Branch:	
BSB Number:	-	Account Number:	
Account Holder Name:			
	idebit Pty Ltd ACN 096 902 813 (User ID No 165969) to debit my i) in accordance with the Debit Arrangement stated above and this		

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.2) and I/we have read and understand same.

Signature(s) of	PLEASE PRINT AND SIGN	Date:		/			/	
Nominated Account:	FORM NOT VALID UNLESS SIGNED		D	D	М	Μ	Y	Y

Expiry Date:

м м



ACN 096 902 813 | AFSL 315388

DDR SERVICE AGREEMENT (Ver 1.2)

DDR Service Agreement (Ver 1.2)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 165969) (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 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 4:00pm 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 is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my 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.

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, or as otherwise required by law. Further information relating to Ezidebit's Privacy Policy can be found at www.ezidebit.com.au

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 authorise:

a) Ezidebit to verify 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 1388 Milton, QLD 4064 Ph: (07) 3124 5500 Fax: (07) 3124 5555