

The following is your Direct Debit Service Agreement with Queensland Nurses and Midwives' Union of Employees. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

Queensland Nurses and Midwives' Union of Employees
ABN 84 382 908 052

GPO Box 1289, BRISBANE Q 4001
Telephone: (07) 3840 1440
Toll Free: 1800 177 273
Fax: (07) 3217 2794

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*.

banking 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 Direct Debit Request between *us* and *you*.

us or **we** means Queensland Nurses and Midwives' Union of Employees. (the Debit User) *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the **account** is maintained.

1. DEBITING YOUR ACCOUNT

1.1 By signing a *Direct Debit Request*, *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 address nominated by *you* 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 **banking day**, *we* may direct *your financial institution* to debit *your account* on the following **banking 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.

3. AMENDMENTS BY YOU

3.1 *You* may change, stop or defer a debit payment, or terminate this agreement by providing us with at least seven (7 days) notification by writing to:

Queensland Nurses and Midwives' Union of Employees
GPO Box 1289
Brisbane Q 4001

or

by telephoning us on 3840 1440 or toll free 1800 177 273 between 8.30am and 5.00pm Monday to Friday

or

arranging it through your own financial institution.

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

4.4 If Queensland Nurses and Midwives' Union of Employees is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay Queensland Nurses and Midwives' Union of Employees on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. DISPUTE

5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 3840 1440 or roll free 1800 177 273 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve your query more quickly. Alternatively *you* can take it up with your financial institution direct.

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 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

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. NOTICE

8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should write to Queensland Nurses and Midwives' Union of Employees, GPO Box 1289, Brisbane Q 4001.

8.2 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

8.3 Any notice will be deemed to have been received on the third **banking day** after posting.