

Direct Debit Request

Request to establish debit authority in Direct Debit system

I/We: _____

Customer name/s giving Direct Debit Request

Address: _____

City: _____ State: _____ Postcode: _____

Authorise: Australian Medical Association Queensland Limited with **User ID Number 9013**

This payment is for: _____

Identified by reference information: _____

Membership number or member name

Direct Debit details

☐ Direct Debit your bank account

Institution name: _____

Institution address: _____

Account held in the name of: _____

Financial institution's BSB: _____ Account number: _____

Please note debiting is not available for all account types. If in doubt, please contact your financial institution.

☐ Direct Debit your credit card

☐ Visa ☐ Mastercard ☐ AMEX

Card Number: _____ Exp date: _____ / _____ CSV: _____

Cardholder's name: _____

Direct Debit Request authorisation

I/We: _____

Full name/s

have read the *Service Agreement* overleaf and acknowledge and agree to the terms. I request my account be debited in accordance with this agreement.

The monthly amount to be debited: \$ _____

Signature/s: _____ Date: _____ / _____

Return to:

Please print, sign and return to AMA Queensland:

Post: Reply Paid, PO Box 123, Red Hill QLD 4059 | **Email:** membership@amaq.com.au | **Phone:** 07 3872 2222

Direct Debit Request service agreement

By signing our Direct Debit Request you acknowledge and agree to the following terms and conditions:

1. You authorise the Australian Medical Association Queensland Limited to debit your nominated account in the manner specified in the Direct Debit Request.
2. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
3. You will need to give us at least 14 working days notice in writing if you wish to defer or alter any of the debit arrangements.
4. You will need to advise us in writing if you wish to stop a payment being processed (a Debit Item) or cancel a Direct Debit Request.
5. If you wish to dispute any Debit Item, you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
6. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
7. Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
8. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the Direct Debit Request.
9. We will initiate the Debit Item on the due date stated in the Direct Debit Request or as otherwise agreed between us in writing. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment, notwithstanding that this may exceed the maximum amount stated in the Direct Debit Request. We may ask you to reimburse us for any charges we incur as a result of your debit item being returned unpaid.
11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.
12. You authorise AMA Queensland to deal with the information provided in accordance with AMA Queensland's Privacy Policy and the *Privacy Act 1988* (Cth).

Membership fee changes

Membership fees change annually and your membership renewal advice and/or tax invoice serves as notification of the change to your perpetual monthly direct debit or credit card payment.

View our privacy policy at amaq.com.au/Privacy-policy