

This is your Direct Debit Service Agreement with Queensland Teachers' Union Health Fund, User Id 80261, ABN 38 085 150 376. 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*.
- **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 Teachers' Union Health Fund*, (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** 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* 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 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 *banking day*, *we* may direct *your financial institution* to debit *your account* on the previous *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 fourteen (14) days) notification by writing to:  
**Queensland Teachers' Union Health**  
**or**  
by telephoning *us* on 1300 360 701 during business hours;  
**or**  
arranging it through your own financial institution, which is required to act promptly on your instructions. \*Note: in relation to the above reference to 'change', your financial institution may 'change' your debit payment only to the extent of advising *us* Queensland Teachers' Union Health Fund your new account details.

### 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 *You* are responsible for paying any arrears that arise on the membership due to direct debit payment not being deducted.

### 5. Dispute

- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 1300 360 701 as soon as possible so that *we* can resolve your query more quickly. Alternatively *you* can take it up directly with your financial institution.
- 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 Teachers' Union Health Fund, PO Box 265, Fortitude Valley, QLD 4006.
- 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.

TUH  
PO Box 265 Fortitude Valley QLD 4006  
Toll free: 1300 360 701  
Website: www.tuh.com.au



## Direct Debit Request

### Request and Authority to debit

Request and Authority to debit the account named below to pay Queensland Teachers' Union Health Fund.

Member Name	
Member Number	

Request and authorise Queensland Teachers' Union Health Fund, User ID 80261 to arrange, through its own financial institution, a debit to your nominated account any amount Queensland Teachers' Union Health Fund, has deemed payable by *you*.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from *your* account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

### Financial Institution account to be debited

Financial Institution Name											
Financial Institution Address											
BSB Number				-							
Account Number											<i>Use Numerals Only - (maximum of nine (9) digits)</i>
Account Holder Name/s											

### Payment Frequency

Please debit contributions from the nominated account (*fortnightly not available on credit card*):

Start date   -   -   *For fortnightly debits, choose a date within the next 14 days (Mon-Fri only). Otherwise, choose a date between 1<sup>st</sup> and 27<sup>th</sup> of any month.*

Fortnightly  Monthly  Quarterly  Half-Yearly

### Acknowledgement:

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Queensland Teachers' Union Health Fund set out in this Request and in your Direct Debit Request Service Agreement.

All signatories may be required for joint accounts

*If the member IS NOT the account holder or card holder the account/card holder must sign this form*

Signature

Date

 -  - 

Second account signatory (if required)

Date

 -  -