



Attach remittance advice(s) here

DIRECT DEBIT AUTHORITY

RETURN TO CLUBLINKS PTY LTD
C/- PGA NATIONAL OFFICE
600 THOMPSON ROAD SANDHURST VIC 3977
Fax 03 9639 2244 Email accounts@clublinks.com.au

Date Form Recd.

ACKNOWLEDGEMENT

This is a request and authority to debit the account named below to pay Sanctuary Lakes Residents Association Ltd. In signing this Direct Debit Authority I acknowledge that I have read and understood the terms and conditions governing arrangements between myself and Sanctuary Lakes Residents Association Ltd as set out in this Authority and in my Direct Debit Service Agreement. Service Agreement is available on the Club's website http://www.sanctuarylakes.com.au/members_InfoSheets.aspx

PAYMENT SCHEDULE

Payments will be made in accordance with the direct debit schedule. In the event this Authority is received after the 12th August, payments will be made in accordance with a pro-rata schedule which ClubLINKS will inform you of prior to your first instalment.

REQUEST & AUTHORITY TO DEBIT

I _____
Given Name / Company Name Surname / ABN

request and authorise Sanctuary Lakes Residents Association Ltd to debit any amounts specified on the payment schedule through the Bulk Electronic Clearing System from the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Service Agreement (and any further instructions provided in this Authority).

MY FINANCIAL INSTITUTION

Financial Institution Name _____ Address _____

MY ACCOUNT DETAILS

OPTION 1 – Bank Account

Account Name _____

BSB

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 Account Number

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OPTION 2 – Credit Card

Name on Card _____

Card Type Amex / Diners / Mastercard / Visa

Card Number

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Expiry Date

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M M Y Y

Remittances MUST be attached to the Direct Debit Authority. If you have multiple Owners Corporation Levies please ensure ALL remittances are attached to this Authority form. Failure to attach remittance(s) will delay processing your Authority.

MY SIGNATURE

If signing for a company, please sign and print your full name and capacity for signing (eg. director).

Signature _____ Print Name _____

Address _____

Email _____

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DIRECT DEBIT REQUEST SERVICE AGREEMENT

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 Direct Debit Request between *us* and *you* (and includes any Form PD-C approved for use in the *transitional period*).

transitional period means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000) and concluding 12 calendar months from that date.

us or *we* means Sanctuary Lakes Residents Association Ltd, *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

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*.

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. Changes 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. Changes by you

3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us* at:

Sanctuary Lakes Residents Association

C/- ClubLinks , PGA National Office, 600 Thompson Rd

SANDHURST VIC 3977

Tel: 1300 880 809 Fax: 03 9639 2244

Email: accounts@clublinks.com.au

3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least fourteen (14) days before the next *debit day*. This notice should be given to *us* in the first instance.

3.3 *You* may also cancel *your* authority for *us* to debit *your account* at any time by giving *us* fourteen (14) days notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

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 Sanctuary Lakes Residents Association Ltd is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay Sanctuary Lakes Residents Association Ltd 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 at

Sanctuary Lakes Residents Association

C/- ClubLinks , PGA National Office, 600 Thompson Rd

SANDHURST VIC 3977

Tel: 1300 880 809 Fax: 03 9639 2244

Email: accounts@clublinks.com.au

and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query efficiently.

- 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.
- 5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

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

Sanctuary Lakes Residents Association

C/- ClubLinks , PGA National Office, 600 Thompson Rd

SANDHURST VIC 3977

Tel: 1300 880 809 Fax: 03 9639 2244

Email: accounts@clublinks.com.au

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 two *business days* after it is posted.