



DIRECT DEBIT PAYMENT SCHEDULE FORM FOR 457 OR 482 TUITION FEES

> DIRECT DEBIT REQUEST

This Direct Debit Request form should be completed by the Primary Contact who is paying the 457 or 482 tuition fee.

BPOINT must be used for payments by credit card. You will find the link to BPOINT in the email accompanying this form.

Please ensure all fields are completed before returning the form to TSS.TIWA@dtwd.wa.gov.au

PRIMARY CONTACT DETAILS

All fields requiring date/s to be filled in DD/MM/YY format unless specified.

Family ID number: Title (Mrs, Miss, Ms, Mr etc):

Date of birth: Family name: Given name(s):

Telephone: Mobile: Email:

PAYMENT SCHEDULE DETAILS

Start Date: Frequency: (weekly, fortnightly, monthly)

Number of payments: Total Amount:

DETAILS OF THE ACCOUNT TO BE DEBITED

All details must be supplied.

Name of Financial Institution: Branch name:

Account name (please insert your name in full):

BSB (if applicable): Account number: ABN/ARBN:

Please note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

CUSTOMER'S AUTHORITY

I / we (name of customer/s giving the DDR):

Authorise and request: **TAFE International Western Australia** APCA user ID number: **405730**

Until further notice in writing, to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the Financial Institution identified below as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request Service Agreement (DDRSA) as amended from time to time.

Payment Details: This authority allows the debiting of amounts payable by the Customer under the Agreement between the Customer and TAFE International Western Australia.

Please note: By signing below, I/we acknowledge that this Direct Debit arrangement is governed by the terms of Authorisation the DDRSA attached to this request. I/We also authorise TAFE International Western Australia to verify (if need be) the details of the account with my/our Financial Institution mentioned above and for that Financial Institution to release information to TAFE International Western Australia in order to allow it to verify the above account details.

Name: Signature: Date:

Name: Signature: Date:



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This is your Direct Debit Service Agreement with TAFE International Western Australia, 405730, ABN 28 925 312 809. 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.

DEFINITION

| Word | Definition |
|-----------------------------------|--|
| 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 TAFE International Western Australia , (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 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 (cancel) this agreement at any time by providing us with at least **(14) days** notification by writing to: TSS.TIWA@dtwd.wa.gov.au or by telephoning us on **(08) 9218 2100** 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 TAFE International Western Australia of 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.

5. DISPUTES

5.1 If you believe there has been an error in debiting *your account*, you should notify us directly on **(08) 9218 2100** 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 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 through BECS 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: TSS.TIWA@dtwd.wa.gov.au

8.2 *We* may send notices either electronically to your email address or by ordinary post to the address *you* have given *us*.

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