

Direct Debit Authority Form



This form gives the authority for payments to be paid directly from your financial institution to Community Housing Limited Group of Companies (CHL). After completing and signing this form, return it to your local CHL office. For further help or locations of your local office visit chl.org.au/contact/ or phone 1300 245 468.

Part A – Your Details

Family name:	
Given name:	
CHL client number:	

Part B – Our Company Details

I/we request that monies due in terms of the payment arrangements with CHL, and covered by this document, be drawn under the Direct Debit system from my/our account conducted with the financial institution listed in Part C of this form.

Account name:	
DE number:	
Company name:	
ABN:	

Part C – Financial Institution Details

Please check with your financial institution to ensure these details are correct and that Direct Debiting from the account is allowed.

I/we request that monies due in terms of the payment arrangements with:

Financial institution name:	
Financial institution address:	
BSB:	
Account number:	
Account name:	

Part D – Direct Debit Details

I/we request that monies due in terms of the payment arrangements with:

Payment start date:		Please allow 10 working days for processing
Payment frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly
Initial amount:	\$	
Initial reason:		

PART E – Authorisation

You MUST complete this section. Your signature is needed to authorise any of the above authorisations.

- I/we acknowledge that this DIRECT DEBIT arrangement is governed by the terms of the Client Service Agreement at the back of this form.
- I/we acknowledge that this DIRECT DEBIT arrangement will usually be deducted on a Thursday (not withstanding unforeseen circumstances). If the Thursday falls on a public holiday, the DIRECT DEBIT arrangement will be changed to the following business day.

PART E – Authorisation

You MUST complete this section. Your signature is needed to authorise any of the above authorisations.

I/we have read and fully understand the conditions of the Client Service Agreement.

If joint account, all signatures are required.

Signature 1:		Date:	
Signature 2:		Date:	

PART F – Client Service Agreement with CHL for Direct Debit payments

CHL's commitment to your Drawing Arrangements

- We will advise you, in writing, the details of CHL's drawing arrangements prior to the first drawing.
- We will not change the frequency of drawing arrangements without your prior approval.
- We will draw your payment on a THURSDAY (not withstanding unforeseen circumstances).
- Where the payment due date falls on a non-business day (public holiday), we will draw the amount on the next business day. Your Financial Institution will provide advice in this regard upon request.
- We reserve the right to cancel the drawing arrangements if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you an alternate payment method.
- We will keep all information pertaining to your nominated account at the Financial Institution private and confidential. Subject however, to the extent specifically required and/or by law or for the purpose of this agreement (including disclosing information in connection with any query or claim).
- We will vary the amount of the Direct Debit deductions in line with the annual/bi-annual Rent Reviews as notified in writing to you. Giving you at least fourteen (14) days written notice of any changes.
- We will vary the amount of the Direct Debit deductions to repay outstanding rent (if applicable) at an agreed amount as confirmed in writing to you. Giving you at least fourteen (14) days written notice of any changes.
- We accept no responsibility for issues arising where incorrect details have been provided.

Your Rights

- You may terminate the drawing arrangements at any time by giving written notice to us. Such notice should be received by us at least 5 business days prior to the due date.
- You may suspend payment of a drawing by giving written notice to us. Such notice should be received by us in writing at least 5 business days prior to the due date.
- You may request change to the drawing amount and/or frequency of drawings by contacting us in writing and advising your requirements no less than 5 business days prior to the due date.

Your Responsibilities

- Ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.
- Ensure that the authorisation given to draw on the nominated account is identical to the account signing instruction held by the Financial Institution where the account is based.
- Advise us if the account nominated by you to receive the drawings is transferred or closed.
- Arrange with us a suitable alternate payment method if the drawing arrangements are cancelled either by yourselves or the nominated Financial Institution.
- If there are insufficient clear funds in your account to meet a debit payment, you may incur fees or charges imposed or incurred by us, and you must arrange for the debit payment to be made by another method to ensure you do not fall behind in your agreement.
- Check your account statement to verify that the amounts debited are correct. If you consider that a drawing has been initiated incorrectly (outside the drawing arrangements) or you have queries about an error made in debiting your account, contact us in the first instance.

Your Obligations

- In acting on your Direct Debit Request we are not acting as agent for you or any other party, and to the extent permitted by law, we are not liable for any loss or damage you suffer as a result of using this facility or any delay, omission or failure in respect of any debit including but not limited to technical/system failure or third-party failure.
- You will indemnify and keep us indemnified fully in respect of any claims, actions, losses, damages or expenses howsoever arising and by whosoever caused, made against us in respect of any matters arising from your use of the direct debit facility. Except to the extent that the claim was caused or contributed to by our negligence or any of our employees or agents in processing your debit payment instructions

I/we have read and fully understand the conditions of the Client Service Agreement.

If joint account, all signatures are required.

Signature 1:		Date:	
Signature 2:		Date:	

Office Use Only

Employee name:			
Signature:		Date:	