

DIRECT DEBIT REQUEST SERVICE AGREEMENT

Terms and Conditions

The form you are signing identifies a direct debit request payable to **ACM Group Ltd**. The form authorizes the direct debit to your nominated account to take place.

Please complete the form details on the following page, then return to ACM Group Ltd using the following methods:

- Fax: (02) 9025 6333
- Email: DDR@acmgroup.com.au
- Post: DDR Processing, L3 287 Elizabeth Street, Sydney, NSW 2000

The transaction will take place under the Bulk Electronic Clearing System (BECS). It is the customer's responsibility to provide a minimum of 14 days notice of any variation. Any variation in the agreement is at the discretion of the company and must be confirmed in writing. All amendments or variations to the original agreement will incur a \$20.00 administration fee. This fee will not apply if you are to increase your payment.

Requests to a variation must be addressed to the manager **ACM Group Ltd** at the address provided at the time. The company will in the first instance handle disputes and there is in place a dispute resolution process.

You must ensure sufficient cleared funds are available in the relevant account by the due date. If the due date for payment falls on a day that is not a business day in the place of lodgement then the next business day will apply. If the transaction is rejected we can charge an administration fee, which is currently \$20.

We will keep your details private to the bank though the bank may be required to provide the information in connection with an alleged incorrect or wrongful debit. If you have reason to dispute any debit please contact the company in the first instance.

Not all accounts have direct debiting through BECS and it is the customer's responsibility to ensure all account details are correct and that BECS is available.

Terms and Conditions are subject to change at the discretion of management.



Direct Debit Request

Request and Authority to debit the account named below to pay
ACM Group Limited

Request and Authority to debit	Your Surname or (company name): _____ Your Given names (or ACN/ABN): _____ Request and authorize ACM Group Ltd (User ID Number 421904) to arrange for amounts listed in “frequency of debts” to debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the term and conditions of the Direct Debit Request Server Agreement and any further instructions provided below.
Insert details of account to be debited	Your Financial institution name: _____ Name of account: _____ BSB number: _ _ _ _ - _ _ _ _ Account number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Acknowledgement	By Signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and ACM Group Ltd as set out in the Direct Debit Request Service Agreement. See Terms & Conditions.
Payment for	Client: _____ ACM Reference Number: _____
Frequency of Debits	The first debit of \$_____ to be made on ___/___/_____ and thereafter on Weekly \ Fortnightly \ Monthly (please circle one) payments. Changes to payment arrangement after initial payment (if selected): Payment of \$_____ to be made on ___/___/_____ and thereafter on Weekly \ Fortnightly \ Monthly (please circle one) payments. For total of payments of \$_____ (provided agreement is adhered to in all forms and before any actions cause an administration fee to be added)
Insert your signature and address (By signing this form you state you are authorised to operate this account)	Signature _____ (if signing for a company, sign and print full name and capacity for signing e.g. director) Address _____ _____ Date: ___/___/_____
Office Use Only	Accepted(signature)_____ Name: _____ Date: ___/___/_____