

# Direct Debit Request Form

Please complete your details and return to BOQ Specialist:  
Email your form to [client.service@boqspecialist.com.au](mailto:client.service@boqspecialist.com.au),  
post it to BOQ Specialist Client Services GPO Box 2539,  
Sydney, NSW, 2001 or fax to 1300 131 400.

Products and services are provided by BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 AFSL and Australian credit licence No. 244616.

Please use **BLOCK LETTERS**

## 1. CREDIT CARD DETAILS

Credit card type (please tick appropriate type)

<input type="checkbox"/> Signature credit card	Last 4 digits on card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Platinum credit card	Last 4 digits on card	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. PRIMARY CARDHOLDER DETAILS

First name

Surname

Home telephone number (  )

Mobile telephone number

## 3. DIRECT DEBIT PAYMENTS

**Your account will be debited on the 25th of every month, or first business day after, if the 25th is not a business day.**

Please indicate your nominated payment method.

Minimum amount owing per month

Full balance of amount owing, collected monthly

Set amount per month \$

## 4. ACCOUNT TO DEBIT FUNDS FROM

BOQ Specialist account name

BOQ Specialist account number

**Other institution account details**

Financial Institution

Branch address

Branch Suburb  State  Postcode

Financial institution's BSB number  -

Account holder's name

Account number

You request and authorise BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 (User ID: 359291) to debit funds from the nominated account identified above through the Bulk Electronic Clearing System ("BECS") in accordance with this Direct Debit Request and the terms and conditions set out in the Direct Debit Request Service Agreement.

## 5. DECLARATION/SIGNATURE

By signing this Direct Debit Request you acknowledge that you are authorised to operate the nominated account from which funds will be debited and you have read and understood the terms and conditions under which debit arrangements are made between you and BOQ Specialist in this Direct Debit Request and the Direct Debit Request Service Agreement and agree to be bound by them.

**Primary cardholder's signature**

Date  /  /

**Additional account holder signature (if required)**

Date  /  /

Name (please use block letters)

(All account holders to the bank account nominated must sign. If there is more than one account holder then at least 2 account holders must sign.)

## DIRECT DEBIT REQUEST SERVICE AGREEMENT

BOQ Specialist - a division of Bank of Queensland Limited ABN 32 009 656 740 (**BOQ Specialist**) is the credit provider.

### Definitions

**Account** means the account held at *your* Financial Institution from which we are authorised to arrange for funds to be debited (deducted from *your* Account) and credited to *your card* account balance (which will reduce the balance owing).

**Agreement** means this Direct Debit Request Service Agreement between *you* and *us*.

**Debit Day** means the 25th day of each month when funds will be debited from *your* Account (deducted from *your* Account) and credited to *your card account* balance (which will reduce the balance owing under your *card account*). If the Debit Day falls on a day that is not a *business day*, we may debit *your* Account on the following *business day*.

**Direct Debit** refers to the process whereby *you* provide *us* with the Direct Debit Request which authorises *us* to arrange for funds to be debited from *your* Account held with *your* Financial Institution.

**Direct Debit Request** means the Direct Debit Request between *you* and *us*.

**Debit Payment** means a particular transaction where a debit is made.

**Financial Institution** is the financial institution nominated by *you* on the Direct Debit Request at which *your* Account is maintained.

### Debiting your Account

By signing the Direct Debit Request or providing *us* with a valid instruction, *you* have authorised *us* to arrange for funds to be debited (deducted) from *your* Account. *You* should refer to the Direct Debit Request and this Agreement for the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited (deducted) from *your* Account on the 25th day of each month and as authorised in the Direct Debit Request. If the Debit Day falls on a day that is not a *business day*, we may direct *your* Financial Institution to debit (deducted) *your* Account on the **following** *business day*. If *you* are unsure about which day *your* Account has or will be debited *you* should contact *your* Financial Institution.

### Changes by you

If *you* wish to **stop** or **defer** a Debit Payment or terminate this Agreement, *you* must notify *us* at least seven (7) *business days* before the next Debit Day. This notice should be given to *our* Client Service Centre on 1300 160 160.

### Your obligations

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.

If there are insufficient funds in *your* Account to meet a Debit Payment:

- *you* may be charged a fee and/or interest by *your* Financial Institution; and
- *you* must arrange for the Debit Payment to be made by another method or arrange for sufficient cleared funds to be in *your* Account by an agreed time so that we can process Debit Payment.

*You* should check *your* account statement to verify that the amounts debited (deducted) from *your* Account are correct.

### Disputes

If *you* believe that there has been an error in debiting (which means funds have been incorrectly deducted) *your* Account, *you* should notify *our* Client Service Centre on 1300 160 160.

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). We will also notify *you* in writing of the amount by which *your* Account has been adjusted.

If we conclude as a result of *our* investigations that *your* Account has not been incorrectly debited (deducted from *your* Account) we will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

If we cannot resolve the matter or *you* are not satisfied with our proposed resolution, *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.

### Accounts

*You* should check:

- 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;
- *your* Account details which *you* have provided to *us* are correct by checking them against a recent account statement; and
- with *your* Financial Institution before completing the Direct Debit Request if *you* have any queries about how to complete the Direct Debit Request.

### Confidentiality

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.

We will only disclose information that we have about *you*:

- to the extent specifically required by law; or
- for the purposes of this Agreement (including disclosing information in connection with any query or claim).

We may provide a copy of the Direct Debit Request to another financial institution in the event any payment that is made in accordance with the Direct Debit Request is disputed.

### Notice

If *you* wish to notify *us* in writing about anything relating to this Agreement *you* should write to BOQ Specialist, GPO Box 2539, Sydney NSW 2001.

We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the Direct Debit Request.

Any notice will be deemed to have been received two (2) Business Days after it is posted.

**Note: All terms in italics are defined in the Conditions of Use brochure**