

## **Service Agreement & Direct Debit Request**

COMPLETE ONLINE AT www.capitalguardians.com > "Registration" button top right of homepage, or follow QR  $\rightarrow$  Or fax / email this form to FAX (03) 8677 9255 / EMAIL <a href="mailto:customer@capitalguardians.com">customer@capitalguardians.com</a>



in these terms.  Signed Nam	e (Please Print)		Role		Date						
<ul> <li>The Customer will ensure that the trust account always electronically, as requested, when the balance falls be</li> <li>The Customer agrees that they are responsible for according up any disputes within four weeks by contacting</li> <li>If CG is liable to pay goods and services tax ("GST") or</li> <li>The Customer authorises CG a debit through the Bulk debit payment, or terminate this agreement by providing there has been an error in debiting your account, you seem the customer is responsible to have clear funds in the financial institution; (b) incur a \$9.90 fee representing by another method or arrange for sufficient clear funds.</li> <li>We will keep information confidential and only disclose includes providing your contact details to providers where CG guarantees to refund unspent money on request wheeks of failed contact attempts, a maximum of \$30 monies" fund.</li> <li>CG operates under AFSL 504332 and holds Profession</li> </ul>	low the trigger value count vendor expens the provider and Capen their fee or any acceptant heir fee or acceptant heir feel of the extent requires or are connected to the trithin 2 weeks (proce or is taken as an admitted to the country of the extent acceptant heir feel or acceptant	selected. There is es and are encour ital Guardians ("Count vendor experiments of the second of the	is no interest payable or aged to review expense (G").  Inses, you agree to pay 1218 the amount deem otification in writing to o that we can quickly resufficient funds: (a) may CG; and (c) require you ne so that we can proceine purposes of this agree oviding transaction detainotice to providers for frocessing the balance to	n the account in reses, their bank stater CG an amount equaled payable. You nur email address be solve your query, be charged a fee and to arrange for the ess the debit payme element and facilitate in the relevant State of the relevant State.	pect of monies deposited. ment direct debits and lal to the GST payable. hay change, stop or defer a elow. If you believe that ad/or interest by your debit payment to be made nt. ling your transactions. This al Facility named. a are unable to refund after e Government's "unclaimed						
Pharmacy Newsagent Allied health: (Podiatrist, Physio, Dietician; Hearing, Optical)  Agreement			account with a trans , if this is preferred	_	surcharge of 4% is						
Providers of goods and services paid personally (excludes Facility reimbursements (ie outings, café, clothing, gifts, e Please cross out providers you want to <b>exclude</b> from the initial providers at the facility will be connected if personal (can be disc  Hairdressing / Beautician / Massage   Dry Cleaning / Clothi	set up, otherwise all onnected anytime).	<ul><li>Providers delivery challenge</li><li>The year</li></ul>	s are paid weekly. of services and/or perinvoices directly volves invoices directly volves.	products to be paying the paying the providers.  ding GST). Alter	aid. Customers can ernatively, a fee free						
** When there is no direct debit or trigger amount selected, a  ** The direct debit is taken on a business day and needs to b	a default direct debit a be greater than the mi	mount of \$200 and nimum balance trig	trigger value of \$100 wil ger that is selected abov	Il be applied **	ν						
The customer direct debit will be:  A direct debit is triggered if the balance falls be		\$200 \$100	□\$300 □\$150	\\$400 \\$200	Other \$ Other \$						
Mobile*											
y State Postcode											
Address											
Email*		Email*									
Primary contact name*		2 <sup>nd</sup> contact	name (optional)								
Residential Facility Name*  Suburb State		Count number									
						Account / Resident Name*			,	Customer")	