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Account / Resident Name\* \_\_\_\_\_ ("Customer")

(preferred method of ensuring a minimum balance of funds held in account)

Residential Facility Name\* \_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_

Direct Debit Bank details Name/s on account \_\_\_\_\_ BSB number (Must be 6 Digits) |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| Account number |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Primary contact name\* \_\_\_\_\_ 2nd contact name (optional) \_\_\_\_\_

Email\* \_\_\_\_\_ Email\* \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile\* \_\_\_\_\_ Secondary contact phone \_\_\_\_\_

The customer direct debit will be:  \$100  \$200  \$300  \$400 Other \$ \_\_\_\_\_

A direct debit is triggered if the balance falls below  \$50  \$100  \$150  \$200 Other \$ \_\_\_\_\_

\*\* When there is no direct debit or trigger amount selected, a default direct debit amount of \$200 and trigger value of \$100 will be applied \*\*

\*\* The direct debit is taken on a business day and needs to be greater than the minimum balance trigger that is selected above \*\*

Providers of goods and services paid personally (excludes items paid by facility covered by care fees or agreement)

Facility reimbursements  (ie outings, café, clothing, gifts, etc)

Please cross out providers you want to exclude from the initial set up, otherwise all providers at the facility will be connected if personal (can be disconnected anytime).

Table with 2 columns: Provider Name, Status (checked/crossed out). Includes Hairdressing, Dry Cleaning, Pharmacy, Newsagent, Allied health.

- Providers are paid weekly. All providers must hold proof of delivery of services and/or products to be paid. Customers can challenge invoices directly with providers. The yearly fee is \$48 (excluding GST). Alternatively, a fee free low use account with a transactions-based surcharge of 4% is available, if this is preferred tick

Agreement

- The Customer will ensure that the trust account always has a positive financial balance, by having monies available for direct debit or by sending money electronically, as requested, when the balance falls below the trigger value selected. There is no interest payable on the account in respect of monies deposited. The Customer agrees that they are responsible for account vendor expenses and are encouraged to review expenses, their bank statement direct debits and bring up any disputes within four weeks by contacting the provider and Capital Guardians ("CG"). If CG is liable to pay goods and services tax ("GST") on their fee or any account vendor expenses, you agree to pay CG an amount equal to the GST payable. The Customer authorises CG a debit through the Bulk Electronic Clearing System User ID 541218 the amount deemed payable. You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification in writing to our email address below. If you believe that there has been an error in debiting your account, you should notify us as soon as possible so that we can quickly resolve your query. The Customer is responsible to have clear funds in the account to meet a debit payment, insufficient funds: (a) may be charged a fee and/or interest by your financial institution; (b) incur a \$9.90 fee representing what has been imposed or incurred by CG; and (c) require you to 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. We will keep information confidential and only disclose to the extent required by law and for the purposes of this agreement and facilitating your transactions. This includes providing your contact details to providers who are connected to the account and providing transaction details to the Residential Facility named. CG guarantees to refund unspent money on request within 2 weeks (process gives a week's notice to providers for final invoices). If we are unable to refund after 4 weeks of failed contact attempts, a maximum of \$300 is taken as an administration fee in processing the balance to the relevant State Government's "unclaimed monies" fund. CG operates under AFSL 504332 and holds Professional Indemnity insurance over monies held. Four week's written notice must be given if there is any change in these terms.

Signed \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Role \_\_\_\_\_ Date \_\_\_\_\_

Individual / Representative