

Individual / Representative

## Service Agreement & Direct Debit Request

COMPLETE ONLINE AT www.capitalguardians.com > "Registration" button top right of homepage, or follow QR → EMAIL <u>customer@capitalguardians.com</u>



Account / Resident Name*		("Customer")			
Residential Facility Name*		(preferred method of ensuring a minimum balance of funds held in account)  Direct Debit Bank details  Name/s on account			
Suburb State					
Primary contact name*		2 <sup>nd</sup> contact	name (optional)		
Email*		Email*			
Address		Address			
City Postcode		City		Postcode	
Mobile*		Secondary contact phone			
The customer direct debit will be:	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>	<b>\$400</b>	Other \$
A direct debit is triggered if the balance falls below	<b>\$50</b>	<b>\$100</b>	<b>\$150</b>	<b>\$200</b>	Other \$
Facility reimbursements		<ul> <li>Suppliers 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.</li> <li>The yearly fee is \$48 or a transaction based surcharge of 4% is available, if this 4% transaction surcharge is your preferred option please tick</li> </ul>			
Agreement     The Customer will ensure that the incidental account always has a preferencing the client name to Account Name: Capital Guardians Ba					
<ul> <li>The Customer agrees that they are responsible for account vendor expenditure by contacting the supplier and Capital Guardians ("CG"</li> <li>The Customer authorises CG to arrange, through its own financial ir debit payment, or terminate this agreement by providing us with at le in debiting your account, you should notify us as soon as possible set if there are insufficient clear funds in your account to meet a debit perfect from us; and (c) you must arrange for the debit payment to be me process the debit payment.</li> <li>We will keep information confidential and only disclose to the extent your contact details to suppliers who are connected to the account and 4 weeks of contact attempts fail for new deposit instructions, mcCG operates under AFSL 446920 and holds Professional Indemnity insigned</li> <li>Name (Plessions)</li> </ul>	expenses and ar (). astitution, a debit east fourteen (14 o that we can quu ayment: (a) you hade by another rarequired by law and providing traits for final invoices onies below \$100 surance over mo	e encouraged to revi to the nominated ac- days) notification wrickly resolve your qui may be charged a fer method or arrange fo and for the purposes assaction details to the s, after which time the	ew expenses and bring uncount the amount CG has iting to our email addressery.  e and/or interest by your for sufficient clear funds to the first agreement and face Residential Facility name to balance is refunded to the dispose \$100 sent to the	p any expense dispute deemed payable. Yo below. If you believe inancial institution; (b) be in your account by cilitating your transacti ed. he bank account on file relevant Government's	us within four weeks of the unay change, stop or defer that there has been an error you may also incur a \$9.90 an agreed time so that we carrons. This includes providing the lif we are unable to refund unclaimed monies.