

COMPLETE ONLINE AT www.capitalguardians.com > "Registration" button top right of homepage, or follow QR →

EMAIL customer@capitalguardians.com



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

			-					-							-		
Bank				Branch				Account						Suffix			

Primary contact name★ _____ 2nd contact name (optional) _____

Email* Email*

Address Address

City _____ Postcode _____ City _____ 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 amount needs to be greater than the minimum balance trigger that is selected above. Direct Debits occur weekly-Wednesday ****

**** If selecting "Other", the direct debit needs to be greater than the minimum balance, above, that triggers a direct debit ****

Vendor Invoices Accepted

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).

Hairdressing / Beautician / Massage	Dry Cleaning / Clothing / Deliveries
Pharmacy	Newsagent
Allied health: (Podiatrist. Physio. Dietician: Hearing. Optical)	

- 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.
- 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** ☐

Statements

Statements are free and available at www.capitalguardians.com at any time. If you require a statement printed and posted to your address, this will cost \$7 per month. ☐ Please tick

Agreement

- The Customer will ensure that the incidental account always has a positive financial balance, by having monies available for direct debit or by sending money electronically, referencing the client name to Account Name: Capital Guardians Pty Ltd Bank & Branch: 031509 Account: 0079780 Suffix: 000. 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 and bring up any expense disputes within four weeks of the expenditure by contacting the supplier and Capital Guardians ("CG").
 - The Customer authorises CG to arrange, through its own financial institution, a debit to the nominated account the amount CG has 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 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.
 - If there are insufficient clear funds in your account to meet a debit payment: (a) you may be charged a fee and/or interest by your financial institution; (b) you may also incur a \$9.90 fee from us; and (c) you must 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 suppliers who are connected to the account and providing transaction details to the Residential Facility named.
 - On account closure notification, suppliers are given 5 business days for final invoices, after which time the balance is refunded to the bank account on file. If we are unable to refund and 4 weeks of contact attempts fail for new deposit instructions, monies below \$100 are not pursued and above \$100 sent to the relevant Government's "unclaimed monies".
- CG operates under AFSL 446920 and holds Professional Indemnity insurance over monies held. Four weeks written notice must be given if there is any change in these terms.

Signed	Name (Please Print)	Role	Date
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Individual / Representative