

Direct Debit Request

Request and authority to debit the account named below to pay artHIVES Holdings Pty Ltd

I,
(insert your name)

Of,
(insert your address)

Request and authorise artHIVES Holdings Pty Ltd (APCAUser ID number 347331) to arrange for funds to be debited from my account through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial Institution's Name :

Financial Institution's Address :

Name of account :

BSB Number -

Account Number

Payment is for: Subscription to artHIVES

Identified by your website address: www.visualartist.info/ _____

Payment Amount:

Frequency of Debit: Monthly

Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and artHIVES Holdings Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement. Further, you expressly authorise artHIVES Pty Ltd to draw any fees under clause 10 of the Direct Debit Request Service Agreement from the account nominated in this form.

Direct Debit Request Service Agreement

1. You authorise artHIVES Holding Pty Ltd to debit your nominated account in the manner specified in the Direct Debit Request Form
2. We will provide you with at least 14 days prior notice in writing if we propose to vary any of the terms of the debit arrangements in place between us.
3. You will need to give us at least 30 days notice in writing if you wish to defer or alter any of the debit arrangements.
4. You will need to advise us in writing if you wish to stop a payment being processed or cancel a Direct Debit Request. Such notice should be delivered to us at least 14 working days before the due date for payment or as otherwise stipulated in our Terms and Conditions. All requests for stops or cancellations must be referred to us in the first instance.
5. If you wish to dispute any Debit Item you should refer to us in the first instance and we will seek to resolve the matter with you. If we cannot resolve the dispute you can contact your financial institution at which your nominated account is held. Your financial institution will then commence a formal claims procedure on your behalf.
6. Some financial institution accounts do not facilitate direct debits. If you are uncertain, you should check with your financial institution before signing a Direct Debit Request, to ensure that your nominated account is able to receive direct debits through the Bulk Electronic Clearing System.
7. Before completing the Direct Debit Request, you should check the details of your nominated account against a recent statement from your financial institution, to ensure that your account details are correct.
8. You agree that it is your responsibility to have sufficient cleared funds in your nominated account by the due date to enable payment of Debit Items in accordance with the directions of Direct Debit Request Form.
9. We will initiate the Debit Item on the First Payment Date stated on the Direct Debit Request. If the due date for payment falls on a day which is not a business day in Queensland, then the Debit Item will be processed on the next business day. You should enquire directly with your financial institution if you are uncertain as to when the Debit Item will be processed to your account.
10. If a Debit Item is returned unpaid by your financial institution, you authorise us to present a further debit for payment. Furthermore you authorise artHIVES to debit your account for our Dishonour Charge.
Your financial institution may charge you a Dishonour Fee for each debit item returned unpaid.
11. We will ensure the details of your personal records and account details held by us remain confidential. However, if you lodge a claim in relation to an alleged incorrect or wrongful debit, it may be necessary for us to release such information to your financial institution or its representative, or to our financial institution or its representative to enable your claim to be assessed.

Signatures of account holder/s (All Signatories may be required for joint accounts)

Signature

day month year

Return to artHIVES, PO Box 1344, Maleny, Queensland, 4552