



Direct Debit Permission Form

(Please return to Girraween Veterinary Hospital in clinic or by email at manager@girraweenvet.com.au)

Patient details

Patient Name: _____

Species & Breed: _____ **Age:** _____
Sex: Male / Female **Desexed?** Y / N **Weight:** _____ **KG**

Microchip #: _____
 Your Details:

Best Contact (First & Last Name):	
Postal Address:	
Phone:	Email:
Preferred Contact Method: <input type="checkbox"/> SMS <input type="checkbox"/> EMAIL	
<input type="checkbox"/> OTHER (please specify): _____	

Membership Option Required:

(Not inclusive of one-time fee due at sign-up of \$100 *waived for current members & Little Paws Big Start Members*)

<u>Canine</u>	<u>Feline</u>
LG: \$85.00 <input type="checkbox"/>	\$55.00 <input type="checkbox"/>
MED: \$75.00 <input type="checkbox"/>	
SM: \$65.00 <input type="checkbox"/>	
Little Paws Best Start <i>Price dependant on inclusions</i>	<input type="checkbox"/>

Card Details:

(Some credit cards may be charged an additional surcharge fee)

Card Number	_____
Expiry Date and CCV	_____
Account Name	_____
Preferred Start Date for direct debit	_____

(If selected today's date, then the debit will be combined with the \$100 signup fee (Not for Little Paws Big Start or renewals) & taken as soon as this form is returned)

I/We authorize Girraween Veterinary Hospital to debit the account detailed above the appropriate amount for the members' plan size chosen;

I/We agree to pay a one time sign up fee of \$100/per pet due at time of sign-up;



By signing and providing us with this instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Girraween Veterinary Hospital as set out in this Direct Debit Request and in your Direct Debit Request Service Agreement, which are provided on the following pages;

I/We authorize and agree to the conditions above:

Name: {ContactName}

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Direct Debit Request Service Agreement

Contact details for Girraween Veterinary Hospital

ABN: 68065515047
55 Girraween Road
Girraween, NT 0839

PO BOX 1333
Coolalinga, NT 0839

Phone: 08 8983 1183
Email: manager@girraweenvet.com.au

Debiting your account

By signing the direct debit request form, you have agreed to the specified amount being deducted monthly from your account or credit card, for a period of 12 months. We will only arrange for funds to be debited as per this agreement, including the credit card surcharge if applicable.

Your obligations

It is your responsibility to ensure that there are enough funds available in your account to allow the debit to occur.

If there are insufficient funds in your account to meet a payment:

You will be notified on your best contact method elected above at the **first** missed charge and you must arrange for the debit payment to be made by another method or arrange for sufficient funds to be in your account by the **next business day** so that we can process the payment.

IF sufficient funds have not been made available by the next business day (and every business day thereafter until the payment has been successful) you will be charged a late fee of **\$5 per missed debit**.



You should check your account statement to verify that the amounts debited from your account are correct.

Confidentiality

We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).