

# Direct Debit Request (DDR) Service Agreement & DDR Payment Plan Agreement



## DentiCare Direct Debit Request Service Agreement

1. MediFinance Australia Ltd, t/a DentiCare Payment Solutions and/or DentiCare ABN 99 107 018 182 as Debit User (ID No. 317892) will initiate direct debit payments in the manner referred to within the DentiCare Direct Debit Request as per Section 3 Schedule 1 or 2 and Section 4 Your Payment Plan.
2. Debit payments will be made when due. DentiCare will not issue individual confirmation of payments made. Statements are available on request.
3. DentiCare will give the customer at least 14 days' written notice if DentiCare proposes to vary details of this arrangement, including the amount and frequency of payments.
4. If the customer wishes to defer any payment or alter any of the details referred to in the Schedule or Payment Plan, the customer must either contact DentiCare on 1300 633 472 or write to DentiCare at the following address. DentiCare PO Box 3156 Southport QLD 4215.
5. Any queries concerning debit payments or disputed debit payments must be directed to DentiCare as Debit User in the first instance.
6. Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, the customer should check with the financial institution before completing this Direct Debit Request.
7. The customer should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held.
8. By signing this Direct Debit Request, the customer warrants and represents that he/she/they is/are duly authorized to request the debiting of payments from the account described in the Schedule.
9. It is the customer's responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with this Direct Debit Request.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day.
11. If a debit payment is returned unpaid, DentiCare may charge the customer a fee for each unpaid item.
12. Customers wishing to cancel this Direct Debit Request or to stop individual debit payments must give at least 7 days' written notice to DentiCare. This may be arranged by calling DentiCare on 1300 633 472.
13. Except where the account or banking service terms and conditions permit disclosure, and except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required or permitted by law, DentiCare will keep details of the customer's account and debit payments confidential.

## DentiCare DDR Payment Plan Agreement

1. By entering into a DentiCare DDR Payment Plan you acknowledge and agree that your scheduled direct debit payments and entire payment plan are affordable to you and remains your financial responsibility until such time the entire payment plan is paid in full.
2. If a scheduled direct debit fails for any reason we will attempt to make contact with you within 1-5 business days to reschedule the direct debit or to make an alternative payment arrangement with you. If we are unable to make contact with you for any reason the failed scheduled direct debit/s will be automatically rescheduled and transacted within five banking days.
3. If your financial institution rejects any of our attempts to debit your account, in accordance with your DDR Sections 3 & 4, a reprocessing fee of up to \$25 will be charged to you and automatically debited from your account.
4. In the event that your DDR Payment Plan account is in default greater than 90 days in arrears the total payment plan amount outstanding will be immediately payable and legal and debt collection costs incurred by DentiCare or its agents in recovering outstanding debt or arrears or scheduled payments from you will be your responsibility and added to the amounts owed by you to DentiCare.
5. Monthly Direct Debits cannot be scheduled on the 29th, 30th or 31st of any month in any year.
6. DentiCare reserves its rights to reject, suspend and/or cancel any Direct Debit Request Payment Plan at any time for breach of this agreement.
7. Under Part 3A of the Privacy Act a Responsible Party holding a DentiCare payment plan which is in default may be subject to a default listing with a credit reporting body such as Veda.
8. Under Part 3A of the Privacy Act we may contact a credit reporting body such as Veda to obtain a credit report about you
9. Your information within your DDR Payment Plan is required to provide the DentiCare service. Without this information in its entirety DentiCare cannot provide its service. Your information may be disclosed to only relevant third parties such as your chosen healthcare provider/s relevant to your DDR Payment Plan and DentiCare's internal or external debt collection agencies where necessary.
10. In the event of any dispute or disagreement relating to your treatment and/or treatment cost you and your chosen healthcare provider/s are required to provide DentiCare full and complete details of your healthcare/dental treatment relative to your DDR Payment Plan and you give consent to your chosen healthcare provider's to disclose your information directly to DentiCare.
11. Evidence of Citizenship, Age, Employment and Bankruptcy status may be requested prior to processing your DDR Payment Plan. Failure to provide requested detail may result in the cancellation of your DDR Payment Plan.

## 12. Compliance Acknowledgement (Clause 12 of DentiCare DDR Payment Plan Terms & Conditions)

By signing the Direct Debit Request as the Responsible Party for the Payment Plan you acknowledge & confirm that:

- a) **You are providing accurate and valid details within your DentiCare Direct Debit Request Payment Plan.**
- b) **You are an Australian Citizen residing permanently in Australia.**
- c) **You are Gainfully Employed and have adequate income to honor the scheduled payments as per your signed Payment Plan.**
- d) **You are 18 years of age or older.**
- e) **You are not subject to bankruptcy or any debt agreements.**

I, as the signing Responsible Party for Payments, agree to the DentiCare Direct Debit Request Service Agreement & DDR Payment Plan Agreement.

Responsible Party Name	Signature	Date		
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