

## Pharmaceutical Society of Australia Ltd *National Intern Training Program payment form*

Please complete the form and fax to 1300 726 583 or mail to PO Box 42 DEAKIN WEST ACT 2600

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PSA membership number: \_\_\_\_\_

**NITP payment plan:**

Excluding PSA membership -  8 x \$237.00     4 x \$474.00     1 x \$1896.00

Including PSA membership -  8 x \$257.65     4 x \$515.25     1 x \$2061.00

**Bank account or credit card details:**

An existing direct debit agreement for payments by installment to PSA remains in place including all terms and conditions.

**Bank account details**

BSB : \_\_\_\_\_ - \_\_\_\_\_

Account number: \_\_\_\_\_

Or

**Credit card details**

Card number: \_\_\_\_\_ Expiry : \_\_\_\_ / \_\_\_\_

Card holder's name : \_\_\_\_\_

Card holder's Signature: \_\_\_\_\_

Card holder's Signature: \_\_\_\_\_

**If you have change your contact details you may update them via this section or online at**

[www.psa.org.au](http://www.psa.org.au)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Telephone Number Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

***Please keep a copy of this form for your own records.***

Pharmaceutical Society of Australia Ltd

PO Box 42 DEAKIN WEST ACT 2600 Phone 1800 303 270 Fax 1300 726 583

## **Customer Direct Debit Request Service Agreement**

This document outlines our service commitment to you, in respect of the Direct Debit Request arrangements made between Pharmaceutical Society of Australia Ltd. (ABN 49 008 532 072) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

### **How to contact us**

Direct all enquiries to us, rather than to your financial institution. These should be made at least 7 working days prior to the next scheduled drawing date. You may contact us as follows:

Mail: Pharmaceutical Society of Australia Ltd.

PO Box 42 Deakin West ACT 2600

Phone: 1800 303 270

Fax: 1300 726 583

Email: [membership@psa.org.au](mailto:membership@psa.org.au)

All communication addressed to us should include your member number.

### ***Our commitment to you***

#### **Initial terms of the arrangement**

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the current course fee and membership fee if applicable.

#### **Drawing arrangements**

The first drawing under this Direct Debit arrangement will occur on the day this agreement is received by PSA. Any further drawings will take place on the 10th day of the month starting from the month nominated in the NITP published payment schedules.

If any drawing falls on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.

We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. If you contact us to make changes to the initial terms of the arrangement, the changes may take effect with less than 14 days notice.

If you wish to discuss any changes to the initial terms, please contact us.

### ***Your rights***

#### **Changes to the arrangement**

If you wish to make changes to the drawing arrangements, contact us. These changes may include:

- deferring the drawing;
- altering the schedule;
- stopping an individual debit;
- suspending the Direct Debit Request; or
- cancelling the Direct Debit Request completely.

#### **Confidentiality**

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

#### **Disputes**

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly by contacting us.

If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim:

- within 5 business days (for claims lodged within 12 months of the disputed drawing); or
- within 30 business days (for claims lodged more than 12 months after the disputed drawing).

You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

#### ***Your commitment to us***

It is your responsibility to ensure that:

Pharmaceutical Society of Australia Ltd

PO Box 42 DEAKIN WEST ACT 2600 Phone 1800 303 270 Fax 1300 726 583

**ABN: 49 008 532 072**

- your nominated account can accept direct debits (your financial institution can confirm this);
- on the drawing date there are sufficient cleared funds in the nominated account; and
- you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we may re-draw on your account after four (4) business days, or contact you to arrange alternate payment. Any transaction fees payable by us in respect of the above may be added to your account.

***Please keep a copy of this service agreement for your own records.***