

**Members who nominate to pay by monthly direct debit please read this DDRSA**

**DIRECT DEBIT REQUEST SERVICE AGREEMENT**  
**MSAV/VPA inc/AHP**

The following details the service agreement (approved in advance by the Sponsor Financial Institution) between the Debit User (MSAV/VPA/AHP) and the User Customer (member).

- **Debiting Details**

Amount to be debited -The amount to be debited is the amount the Customer (member) has nominated on their membership application form, annual subscription renewal or in other written or verbal form.

Frequency of debit – Monthly

Date account to be debited – this is usually the first working day of each month, but in extenuating circumstances may be delayed. If delays occur we will notify members of the new date when the deduction will be made.

- **The Customer (member) will be advised 14 days in advance (where possible) of any changes to the Direct Debit arrangements.**
- **For all matters relating to the Direct Debit arrangements, for instance closure of accounts, new accounts, name changes and so forth the Customer (member) will need to do one of the following:**

Contact our office during working hours on (03) 9623 9623, 9623 9624, 9623 9625

Visit our office – we are situated at Level 1, 62 Lygon Street, Carlton South.

Email [enquiry@msav.org.au](mailto:enquiry@msav.org.au) or fax (03) 9663 8109

Allow until at least the next processing date for the amendment to take effect.

- **The Customer (member) should be aware that:**

It is your responsibility to ensure sufficient cleared funds are in your nominated debiting account when the payments are to be drawn.

- **For returned unpaid transactions, the following procedure will apply:**

The MSAV/VPA inc/AHP will contact you to find out why the funds were not paid.

The MSAV/VPA inc/AHP will proceed to make the necessary adjustments to rectify the matter.

Any dishonor fees incurred on the MSAV/VPA inc/AHP by the Bank will be recovered from the Customer (member).

- **Fees and Charges** - There is no charge to members for using DDR or BPoint Direct Debit.
- **All customer records and account details will be kept private and confidential to be disclosed only at the request of the Customer (member) or Financial Institution in connection with a claim made to an alleged incorrect or wrongful debit.**

# Direct Debit Request

Member's Authority

I/We:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorise the:

Medical Scientists Association

Victorian Psychologists Association

Association of Hospital Pharmacists

to arrange for funds to be debited from my/our account identified below.

The authorisation is to remain in force in accordance with the terms described in the MSAV/VPA inc/AHP Direct Debit Request Service Agreement (printed on reverse).

Please debit my:

## BANK ACCOUNT

Account holder

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BSB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Or

## CREDIT CARD

Bankcard

MasterCard

Visa

Account holder

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Number

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Expiry Date

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I/We agree:

1. For the MSAV/VPA inc/AHP to verify the details of the above-named account with my/our financial institution.
2. For the financial institution to release information allowing the MSAV/VPA inc/AHP to verify the above-named account details.
3. That I have read the Direct Debit Service Agreement (printed on reverse).

Signed : x

Date : / /

Customers Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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City:

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Post Code