

Periodical Payment or Direct Debit Authority - Alteration/Cancellation

Use this form to change or cancel an existing Periodical Payment or Direct Debit from a Gateway Account or other financial institution. Please call **1300 302 474** for assistance.

Important information: You will not be able to save partially completed forms.

* Denotes Mandatory Field

Step 1: Your Details

Member 1 Details*

Title* ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Name(s)*

Last Name*

Member No.

Member 2 Details*

Title* ☐ Mr ☐ Mrs ☐ Ms ☐ Other

Name(s)*

Last Name*

Member No.

Contact Numbers* Please specify your preferred contact number/s

☐ Work or ☐ Home

Mobile

Contact Numbers* Please specify your preferred contact number/s

☐ Work or ☐ Home

Mobile

Step 2: Options

Select one option:

☐ Change an existing Payment (go to step 3)

☐ Cancellation (go to step 4)

Step 3: To change existing Periodical Payment or Direct Debit - new details

A: FOR PERIODICAL PAYMENTS

I/We wish to change the following detail/s with effect from

☐ Next due date Now due on until OR until further notice ☐

☐ Payment frequency Now to be paid ☐ Once only ☐ Weekly ☐ Fortnightly ☐ Monthly

☐ Payment amount New amount \$

☐ Payee details Account number from to

BSB number from to

Account Name from to

Step 3: To change existing Periodical Payment or Direct Debit - new details (continued)

B: FOR DIRECT DEBIT**Loan Repayment** (tick all that apply)

I/We wish to change the following detail/s with effect from and authorise Gateway Bank (User ID Number 049220), until further notice, to debit the account detailed below as updated:

- ☐ my/our agreed loan repayment
- ☐ the amount of \$ in addition to my/our agreed loan repayment
- ☐ my/our Annual Package Fee on the anniversary of settlement each year for the term of my/our loan.

Savings Account/Once Only Payments

I/We request Gateway Bank to debit the amount \$

Bank Name Branch/Bank Address Account Name Account Number BSB number

Step 4: To cancel existing Periodical Payment or Direct Debit or Direct Debit Authority

I/We wish to cancel the following Periodical Payment/Direct Debit to the following account with effect from

Account Name Current amount \$ Account Number BSB number

Step 5: Declarations & Acknowledgement

I/We acknowledge that I/we have read and understood the Terms and Conditions of the Periodical Payment service, as detailed on this form and in the **Gateway Deposit Accounts and Access Facilities General Conditions of Use** which incorporates the **Fees and Charges and Transaction Limits** and the **Summary of Deposit Accounts & Availability of Access Facilities** which are available at www.gatewaybank.com.au or by contacting us.

FOR PERIODICAL PAYMENTS:

I/We acknowledge that Gateway Bank (Gateway) will endeavour to carry out these instructions but will not accept responsibility for any failure to do so.

It is also acknowledged that should funds not be maintained in my/our account, sufficient to cover the transfer of funds referred to in this authority, the instruction will be cancelled without further notice.

A request to alter or cancel an Internal Periodical Payment must be provided to Gateway at least 5 (five) business days before the next payment is to be made.

FOR DIRECT DEBITS:

By signing this Direct Debit Request you acknowledge that you have read and understood the Terms and Conditions below governing the debit arrangements between you and Gateway Bank Ltd as set out in this Direct Debit Request and the Direct Debit Request Service Agreement. Please ensure that the account information you have provided is correct and that this Direct Debit Request is signed by all account holders of the nominated account.

Note: Must be signed in accordance with the account operating instructions.

Member's Signature 1*Print Name* Date* Signature* **Member's Signature 2** (complete if applicable)Print Name Date Signature

Direct Debit Request Service Agreement - Only applicable to Direct Debits

This is *your* Direct Debit Service Agreement with **Gateway Bank ABN 47 087 650 093 (User ID 049220)**. It explains what *your* obligations are when undertaking a Direct Debit arrangement with *us*. It also details what *our* obligations are to *you* as *your* Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of *your* Direct Debit Request (DDR) and should be read in conjunction with *your* DDR authorisation.

1. DEBITING YOUR ACCOUNT

1.1 By submitting a Direct Debit Request, *you* have authorised *us* to arrange for funds to be debited from *your* account. *You* should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your* account as authorised in the *Direct Debit Request*. *We* will not issue individual confirmations of payments made.

1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct *your* financial institution to debit *your* account on the previous or following business day.

2. CHANGES BY US

2.1 *We* may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving *you* at least twenty (20) days written notice.

2.2 *We* reserve the right to:

- (a) cancel the *Direct Debit Request* if any debit is returned unpaid by *your* financial institution; and
- (b) refuse future *Direct Debit Requests*.

3. CHANGES BY YOU

3.1 *You* may stop or defer a debit payment or cancel *your* *Direct Debit Request* by giving *us* notice:

- (a) in writing, signed by *you*;
 - (b) contact *us* on 1300 302 474 during business hours; or
 - (c) arranging it through *your* financial institution.
- 3.2 *You* may make other changes under *your* DDR by writing to *us* or contacting *us* on 1300 302 474.

4. CLEARANCE TIME

4.1 Direct Debit payments to *your* Gateway Bank account may not be accessed immediately. Please allow 3 full *business days* for *your* funds to be cleared.

5. YOUR OBLIGATIONS

5.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your* account on a *debit day* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

5.2 If there are insufficient clear funds in *your* account to meet a *debit payment*:

- (a) *you* may be charged a fee and/or interest by *your* financial institution;
- (b) *you* may also incur fees or charges imposed or incurred by *us*. Refer to *our* General Fees, Charges & Transaction Limits Brochure, available at www.gatewaybank.com.au; and
- (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your* account by an agreed time so that *we* can process the *debit payment*.

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

6. DISPUTE

6.1 If *you* believe that there has been an error in debiting *your* account, *you* should notify *us* directly. *We* may also request for *you* to confirm the details in writing with *us* as soon as possible so that *we* can resolve *your* query quickly. Alternatively, *you* can take it up directly with *your* financial institution.

6.2 If *we* conclude as a result of *our* investigations that *your* account has been incorrectly debited, *we* will arrange for the funds to be returned to *your* financial institution (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your* account has been adjusted.

6.3 If *we* conclude as a result of *our* investigations that *your* account has not been incorrectly debited, *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

6.4 Any queries *you* may have about an error made in debiting *your* account should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter, *you* can still refer it to *your* financial institution, which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

7. ACCOUNTS

7.1 *You* should check:

- (a) with *your* financial institution whether direct debiting is available from *your* account as direct debiting isn't available on all accounts offered by financial institutions;
- (b) *your* account details which *you* have provided to *us* are correct by checking them against a recent account statement from *your* financial institution; and
- (c) with *your* financial institution before completing the Direct Debit Request if *you* have any queries about how to complete the Direct Debit Request.

8. CONFIDENTIALITY

8.1 *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. *You* may access any personal information *we* hold about *you* at any time by contacting *us*.

8.2 *We* will only disclose information that *we* have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this *agreement* or if required by *our* sponsor in the direct debit system (including disclosing information in connection with any query, dispute or claim).

9. NOTICE

9.1 If *you* wish to notify *us* about anything relating to this *agreement*, *you* can contact *us* by the following methods:

Post: Gateway Bank, GPO Box 3176, Sydney NSW 2001

Email: memberservices@gatewaybank.com.au

Phone: 1300 302 474

9.2 *We* will give *you* notice by sending such notice to the preferred mailing address or email *you* have given *us* in the *Direct Debit Request*.

9.3 Any notice, if posted, will be deemed to have been received in the ordinary course of post, or if sent via email, on conclusion of the transmission.

10. CUSTOMER OWNED BANKING CODE OF PRACTICE (COBCoP)

10.1 Each relevant provision of the COBCoP will apply to *your* Direct Debit Request.

Definitions

account means the account held at *your* financial institution from which *we* are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

us or **we** means **Gateway Bank Ltd** (the Debit User) *you* have authorised by requesting a *Direct Debit Request*.

you means the customer who has signed or authorised by other means the *Direct Debit Request*.

your financial institution means the financial institution nominated by *you* on the DDR at which the *account* is maintained.

Please Note: *You* may obtain a further copy of these terms and conditions from www.gatewaybank.com.au or by calling our Member Services team on 1300 302 474



GPO Box 3176 Sydney NSW 2001



1300 302 474



lendingsservices@gatewaybank.com.au

www.gatewaybank.com.au

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