SU Australia
Discovering Life

Direct Debit Service Agreement

The following is your Direct Debit Service Agreement with SU Australia Ministries Limited ABN 74 009 669 569. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

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*.
- *Banking 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 *you* and *us*.
- *Us* or *we* means SU Australia Ministries Limited ABN 74 009 669 569.
- *You* means the customer who signed the Direct Debit Request.
- *Your financial institution* means the financial institution nominated by you on the DDR at which the *account* is maintained.

1. Debiting your account

By signing 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*.

We will only arrange for funds to be debited from *your* account on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request* at any time by giving **(14) days'** written notice.

3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen **(14) days'** notification (see details in Correspondence with us) during business hours **or** arranging it through your own financial institution.

4. *Your* obligations

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

If there are insufficient clear funds in *your account* to meet a debit payment:
1. *You* may be charged a fee and/or interest by *your financial institution*;
2. *You* may also incur fees or charges imposed or incurred by *us*; and
3. *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*.

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

You should notify *us* if *your account* is transferred, closed or if the details change (see details in Correspondence with us).

5. Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify us directly by contacting us (see details in Correspondence with us) and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively, *you* can take it up with *your financial institution* directly.

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

If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will contact *you* to find out what *you* would like *us* to do.

You may, for instance, like *us* to cancel that particular payment or try charging the account again.

5. Accounts

You should check:
1. With *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
2. *Your* account details which *you* have provided to us are correct by checking them against a recent *account statement*; and
3. With *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

6. 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 the 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*:
1. To the extent specifically required by law; or
2. For the purposes of this *agreement* (including disclosing information in connection with any query or claim).

7. Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should use the details outlined in Correspondence with us.

We will notify *you* by sending a notice via email or in the ordinary post to the address *you* have given *us* in the *Direct Debit Request*.

Any notice will be deemed to have been received on the third *banking day* after posting.

8. Correspondence with us

If *you* need to contact *us* at any stage, please use the following details:

Telephone:
1300 478 753
(ask for the donations team)

Email:
donations@su.org.au

Ordinary mail:
SU Australia
c/o Donations
PO Box 1167
Eagle Farm QLD 4009

DOCUMENT CONTROL SUMMARY	
EFFECTIVE DATE	May 2024
REVISION DATE	May 2027
AUTHOR	Mission Systems
APPROVED BY	National Leadership Team

Policy Revision History

Revision date:	Revision No:	Summary description of revision(s) made:	Section(s) changed:	Approved by: