



Direct Debit Authorisation

Agreement with Vision Network Pty Ltd (ABN 18 087 533 328)

This Direct Debit Authorisation ('DD Authorisation') and Service Agreement is issued by Vision Network Pty Ltd. (User ID 498768)

The Service Agreement and the DD Authorisation contain the terms and conditions on which you authorise Vision Network to debit money from your account and the obligations of Vision Network and you under this agreement. You should read through the Service Agreement carefully to ensure you understand these terms and conditions before signing the DD Authorisation.

A. Direct Debit Service Agreement

1. Our commitment to you

We will not change the amount or frequency of drawing arrangements without your prior approval.

Vision Network will not disclose your details except where necessary to Vision Network's financial institution and for the purposes of conducting direct debits with your financial institution.

Vision Network will give you at least 14 days notice in writing if there are changes to the terms of the drawing arrangements.

Vision Network will draw from your nominated financial institution account on the business day normally 7 days prior to the expiry of your current internet account's subscription period. If the due drawing date is not a business day, Vision Network will draw on the business day before or after that date.

2. Your commitment to us

It is your responsibility to:

- Ensure your nominated account can accept direct debits.
- Ensure there are sufficient funds available in the nominated account to meet each drawing on the due date.
- Advise us if the nominated account is transferred or closed, or the account details change.
- Arrange an alternative payment method acceptable to Vision Network if Vision Network cancels the drawing arrangements.
- Ensure that all account holders on the nominated financial institution account sign the Direct Debit Authorisation.

A fee of \$50 applies if the financial institution rejects a Direct Debit transaction.

If you choose to cancel your Direct Debit payment, please contact Vision Network Customer Service in order to arrange Credit Card payment.

3. Your rights

You should contact Vision Network if you wish to alter the drawing arrangements. This includes:

- stopping an individual drawing
- altering the DD Authorisation
- cancelling the DD Authorisation

Where you consider that a drawing has been initiated incorrectly, you should firstly contact Vision Network Customer Service on the number appearing above. If you are not satisfied with the response, please write to us. Your letter should be marked "Notice of Complaint" and addressed to: Vision Network at the address appearing above.

Vision Network will respond within 7 days of receiving your letter. Vision Network has formal procedures for dealing with a complaint.

4. Other information

Vision Network reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial institution.

Your drawing arrangements are also governed by the terms and conditions of your Vision Network account.

B. Contact Details

Company Name	<input type="text"/>
ABN	<input type="text"/>
Address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/> <input type="text"/> <input type="text"/> Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Person	<input type="text"/>
Title	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

C. Direct Debit Details

Please provide details of the account you wish to debit.

- I/We request Vision Network Pty Ltd (ABN 18 087 533 328) to draw money from my/our account conducted with:

BSN Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/>
Name of Financial Institution	<input type="text"/>
Branch	<input type="text"/>
Account-Holder's Name(s)	<input type="text"/>

D. Agreement and Authorisation

- I/We declare that I/We have read, understood and agree to abide by the terms of the Direct Debit Service Agreement and Terms and Conditions of my/our Vision Network account, and verify that I/We are over 18 years of age and able to enter into legally binding contracts.

Signature	<input type="text"/>
Full Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Signature	<input type="text"/>
Full Name	<input type="text"/>
Title	<input type="text"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>