



**VitalCall**  
Unit 1a / 21 - 23 South Street  
Rydalmere NSW 2116 Australia  
**Tel:** 1300 848 252  
**Email:** customerservice@vitalcall.com.au  
www.vitalcall.com.au

Please fill in this form and email or post to VitalCALL at the above address.

**DIRECT DEBIT AUTHORISATION FORM**

**VitalCall's commitment to the Account or Card Holder, Drawing arrangements:** Where the due date falls on a non-business day, we will draw the amount on the next business day. VitalCall will not change the amount or frequency of drawing arrangements without your prior approval or notification. VitalCall reserves the right to cancel the Automatic Withdrawal arrangements and or VitalCall service if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you alternate payment methods.

VitalCall will keep all information pertaining to your nominated account at the Financial Institution, private and confidential. Please refer to the Privacy Statement and the VitalCall (Chubb) Privacy Policy. VitalCall's Privacy Policy is available on request or at [www.chubb.com.au](http://www.chubb.com.au)

VitalCall reserves the right to charge any related administration fees with regards to the failure of the direct debt when the circumstances are based on the non-communication of the following: drawing arrangements are cancelled either by the account holder or the nominated financial institution; insufficient funds are available in the nominated bank account to meet a drawing on the due date.

**Account Holders commitment to VitalCall, Your responsibilities:** It is the account holder's responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date. It is the account holder's responsibility to ensure that authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive the VitalCall drawings is transferred or closed.

It is the account holders responsibility to arrange with VitalCall a suitable alternate payment method if the VitalCall – Automatic Withdrawal arrangements are cancelled by either yourself the nominated financial institution and or VitalCall.

**Customer Rights:** The customer may terminate the VitalCall drawing arrangements at any time by giving written notice to us. Such notice should be received by us at least 28 business days in advance.

The customer may request changes to the drawing amount and/or frequency of VitalCall drawings by contacting us and advising your requirements no less than 28 business days prior to the due date. Where the customer considers the drawing has been initiated incorrectly (outside the VitalCall – Automatic Withdrawal agreement) you should take the matter up directly with VitalCall on 1300 360 808

**I acknowledge that this automatic withdrawal arrangement is governed by the terms of the client service agreement detailed above**

CUSTOMER DETAILS			
CUSTOMER NAME:		ACCOUNT NUMBER	
PHONE:		MOBILE:	

PAYER DETAILS		
ORGANISATION NAME: (If Applicable)		<b>RELATIONSHIP TO CUSTOMER:</b> <input type="checkbox"/> CUSTOMER <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> FRIEND <input type="checkbox"/> FUNDING ORGANISATION <input type="checkbox"/> CARER/DOCTOR <input type="checkbox"/> POA <input type="checkbox"/> OTHER
CONTACT NAME/S:		
STREET ADDRESS:		
SUBURB:		
STATE:		
POST CODE:		
PHONE:		
MOBILE:		

FEES			
INSTALLATION FEE:	\$ _____	ADDITIONAL ACCESSORIES:	\$ _____
ONGOING MONITORING FEES:	\$ _____	FREQUENCY OF BILLING:	MONTHLY (EACH 1 MONTH)

**Transactions will appear on bank statement as a 'Chubb Fire & Security' transaction**



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THERE ARE 2 OPTIONS AVAILABLE FOR DIRECT DEBIT WITHDRAWALS, PLEASE SELECT ONE OF THE BELOW:

**OPTION 1 - I WOULD LIKE TO PAY BY SAVINGS OR CHEQUE ACCOUNT:**

ACCOUNT NAME:	
BSB NO:	
BANK:	
BRANCH LOCATION:	
ACCOUNT NO:	

**OPTION 2 - I WOULD LIKE TO PAY BY CREDIT CARD:**

NAME ON CARD:	
CARD NUMBER:	
EXP DATE:	

<b>SIGNATURES</b>	
ACCOUNT/CARD HOLDER SIGNATURE: _____	DATE:     /     /