YGT- AUTHORITY FOR DIRECT DEBIT PAYMENT

Client(s) Name:

Date:

Client(s) Address:

I/we authorise funds be deducted by You Got This Mental Health Solutions

ABN: 1319 8657 314.

**Monies being for:** Coaching/ counselling services or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ongoing Instalments authorised? YES NO N/A-One off only

**Amount Paid: $ Full or Part Payment (Circle)**

**Instalment amounts: $**

**Payment Start Date:**

**Payment Frequency:** Once off, Weekly, Fortnightly, Monthly

**Credit Card detail**:

Card No:

Card Name:

Exp: CCV:

I/we acknowledge that this DIRECT DEBIT arrangement is governed by the terms of the Client Service Agreement at the back of this form.

**Client(s) Signature(s):**

Person 1 Person 2 (if applies)

**Name of YGT Rep Signature Date**

**DIRECT DEBIT PAYMENT CLIENT SERVICE AGREEMENT WITH**

**You Got This Mental Health Solutions**

Our commitment to your Drawing Arrangements:

* We will advise you, in writing by use of this agreement, the details of our drawing arrangements prior to the first drawing.
* We will not change the frequency of drawing arrangements without your prior approval.
* Where the payment due date falls on a non-business day, we will draw the amount however it may not show on your end till the next business day. Your Financial Institution will provide advice in this regard upon request.

We reserve the right:

* To cancel the drawing arrangements and service if three or more drawings are returned unpaid by your nominated Financial Institution and to arrange with you a solution for funds owed before service re-instated.
* We will keep all information pertaining to your nominated account at the Financial Institution private and confidential.

**Your Rights:**

* You may terminate the drawing arrangements at any time by giving written notice to us. Such notice should be received by us at least 5 business days prior to the due date. This will terminate service as well, any monies in owing will need to be paid within 7 day.
* You may suspend payment of a drawing by giving written notice to us. Such notice should be received by us at least 5 business days prior to the due date. This will suspend service as well, any monies in owing will need to be paid within 7 day.
* If need to change the drawing amount and/or frequency of drawings you must contact and discuss with us no less than 5 business days prior to the due date.
* Where you consider that a drawing has been initiated incorrectly (outside the drawing arrangements) you should take the matter up directly with us.

**Your commitment to us, your responsibilities:**

* It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date and that you have authority on the account.
* It is your responsibility to ensure that the 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 is transferred or closed.
* It is your responsibility to arrange with us a suitable alternate payment method if the drawing arrangements are cancelled either by yourselves or the nominated Financial Institution.

**Client(s) Name(s):** Person 1: Person 2 (if applies):

**Client(s) signature(s):** Person 1: Person 2 (if applies):