

Authorisation Agreement

DIRECT DEBIT REQUEST FORM

Please read the terms and conditions and complete this form.
 Once we have received and processed your form and as long as it has been completed correctly, the first direct debit will apply from the start date that you nominate. You will receive email notification when the first direct debit is applied

Your details

Business or Billing Name:
 Billing Address:
 Contact Name:
 Contact Email:
 [Office use: PracticeID]

Details of credit card account to be debited

Name of Cardholder:												
Credit Card Number:												
Credit Card Type:	VISA	MASTERCARD	EXPIRY DATE									
I/We authorise and request SmartDentist Pty Ltd ABN 87 161 254 119 to arrange for the amount which becomes payable in relation to the SmartDentist monthly fees for Subscription to our policy and procedure services to be debited through the credit card listed above. This authority will stand in respect to the specific card and in respect to any card issued to me in renewal or replacement, until I notify SmartDentist of its cancellation. I/We agree to the terms of the direct debit conditions.												

Signature: _____

Payment Start Date:
 (When we setup your subscription)
Payment Frequency: Monthly
Payment Amount: \$25.00 +GST
 +Once off setup fee of \$510 +GST

SERVICE FEES
SmartDentist subscription fee

When completed this form should be returned to:
 SmartDentist Pty Ltd
 29 George Rd
 Vermont Sth 3133

Monthly: \$25+GST

FAX: 03 9803 2011
 or email to glenda@smartdentist.com.au

DIRECT DEBIT CONDITIONS

1. This Direct Debit Request Service Agreement sets out the terms on which you have authorised us, SmartDentist Pty Ltd to arrange for payment of amounts that become payable on your account, to be made by charging your credit card with your Direct Debit Request.
2. Your Direct Debit Request authorises us to arrange for payment of the amounts due to SmartDentist Pty Ltd for the services we provide to you, at the due date of your bill(s) or another date as agreed between us. This authorisation also enables any changes in those amounts and payment times, to occur automatically – you will not need to complete a new form. Any new contracted services added to your SmartDentist Pty Ltd account will be subject to the existing Direct Debit Request arrangements and you will receive full notification before these commence.
3. Invoicing of your SmartDentist Pty Ltd services is done on a monthly basis, at the start of each month. Recurring Services are charged one month in advance.
Any new contracted services (that were provisioned during the previous period) will be charged from the activation date of the service (unless otherwise arranged), and fees may include a setup fee, a pro-rated recurring fee for the previous billing period as well as the recurring fee for the current billing period. All fees are outlined to you. You will receive your bill via email after the date of issue of the bill. The Total Due value on the invoice will be the amount processed in the Direct Debit transaction.
4. We can vary this Agreement at any time after giving you 14 days notice of the changes.
5. You can cancel, vary, defer or suspend the Direct Debit Request, or stop or suspend an individual debit from taking place under it, by calling our accounts department, but this must be arranged within 7 days of the due date of the invoice. If you do not provide us with this notice, we cannot guarantee the direct debit process can be stopped. Upon cancellation of your contract with SmartDentist Pty Ltd, all direct debit requests will also be deemed cancelled.
6. If a due date for a debit falls on a weekend or public holiday the debit will be processed on the next business day.
7. You must ensure you have sufficient credit available on your nominated credit card (if you are paying by credit card) on the due date to permit the payments under the Direct Debit Request. You must notify SmartDentist Pty Ltd if the nominated account is transferred or closed (please).
8. Where you consider that a debit has been initiated incorrectly, you can contact our accounts department on 0412401715 or send an email with details of your dispute to glenda@smartdentist.com.au
9. SmartDentist Pty Ltd employs the policy of treating all records and account details relating to this Direct Debit Request as Private. We will keep information about your credit card confidential, except to the extent necessary to administer your direct debit arrangements. If a claim is made on our financial institution in relation to an alleged incorrect or wrongful debit, we may be required to disclose this information to our financial institution.