



PAY SOLUTIONS PTY LTD
 ABN 52 098 637 846
 Ph: 1300 131 425 Fax: 1300 131 682
 PO BOX 6947
 BAULKHAM HILLS NSW 2153



MISS KIT BEAUTY THERAPY &
 MAKE UP ACADEMY
 63 MITCHEL ST
 WARRNAMBOOL VIC 3280
 TEL: 1300 305 911

NEW PAY SOLUTIONS CUSTOMER **EXISTING PAY SOLUTIONS CUSTOMER**

Customer Details

Customer/ Contact Name: _____

 Given Name/s _____ Surname _____

Address _____

 Street Number and Name _____ Suburb _____ Post Code _____

Telephone _____ HM _____ MB _____ WK _____

Deposit Details Deposit Paid on _____ / _____ / _____ Amount: \$ _____	Regular Payments First Debit Date: _____ Total Amount Owing: _____ Repayment Amount: _____	Payment frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Payment Term: <input type="checkbox"/> 3 mths <input type="checkbox"/> 6mths <input type="checkbox"/> 9mths <input type="checkbox"/> 12mths <input type="checkbox"/> 15mths
---	--	---

BANK ACCOUNT **NOTE: \$1.55 ADMIN FEE WILL BE ADDED PER DEBIT**

Financial Institution Name: _____ Branch: _____

Name of Account Holder/s _____

 Given name/s _____ Surname _____

BSB: (6 digits) _____ - _____

Account Number: _____

CREDIT CARD **NOTE: \$1.55 + 2.2% FOR M/C & VISA & \$1.55**

Please Charge to my: Visa Mastercard

Name on Card _____

Credit Card Number: _____ - _____ - _____ - _____

Expiry Date: _____ - _____ Signature of Cardholder: _____

Terms and Conditions

1. I / We hereby authorise Pay Solutions Pty Ltd (Debit User) User ID 203206 to debit the account listed below on behalf of Miss Kit Beauty Therapy & Make up Academy
2. No course certificates will be issued by Miss Kit until final course payment has been made.
3. The term of the debits has been discussed between myself and Miss Kit and I/we agree that debits cannot be cancelled until the Total Amount Owing has been paid in full, or an alternative arrangement has been made with Miss Kit/Pay Solutions and myself.
4. I/We understand that if I choose to extend my course payments beyond the term of my course I may be required to complete 1 day a week student client day work experience until debit is paid off.
5. I/We have read and agree to the 'Service Agreement' overleaf.

Students Signature: _____

Cardholder/Account Holders Signature: _____

Service Agreement

1. Pay Solutions Pty Ltd (the "Debit User") will debit the Account nominated in the Schedule of this Direct Debit Request as specified.
2. Any alteration to the debiting schedule will be considered subject to the terms and conditions of any agreement between you and the business named overleaf for whom Pay Solutions Pty Ltd acts on behalf of.
3. The Debit User will give not less than 14 days written notice to the customer should it propose to vary the arrangements of this Direct Debit Request.
4. In compliance with the Industry's Direct Debit Claims Process, the Debit User will assist customer(s) disputing any payment amount drawn on the nominated BSB/Account in The Schedule of this Direct Debit Request. The Debit User will endeavor to resolve this matter within the Industry agreed timeframes. Any disputed debit items resolved in favour of Pay Solutions will incur an administration fee.
5. The Debit User advises that some Financial Institution accounts do not facilitate direct debits and as such the customer(s) must check with their Financial Institution to ensure the account nominated in The Schedule of this Direct Debit Request enables direct debiting.
6. It is the customer(s) responsibility to ensure at all times there is sufficient cleared funds available, at the due date of the debit drawing, to enable payment from the BSB/Account as nominated in The Schedule of this Direct Debit Request. Direct Debits normally occur overnight, however transactions can take up to two (2) working days depending on your financial institution.
7. The Debit User advises the debit drawing will be made on the agreed due date as nominated in The Schedule of this Direct Debit Request. When the due date is a closed business day the Debit User will initiate the debit drawing on the next open business date.
8. Where an unpaid debit item is returned by a Financial Institution the customer(s) will be responsible for the debit plus any return fee's and administrative costs incurred by Pay Solutions Pty Ltd.
9. Pay Solutions (Debit User) will not stop or cancel a direct debit without the written authority / request of the business named overleaf for whom Pay Solutions Pty Ltd acts on behalf of.
10. The Debit User agrees to keep confidential all customer(s) records and account details contained in The Schedule of this Direct Debit Request unless authorised to release such information pursuant to a debit item dispute or similar event where the customer(s) has provided prior consent to do so.