

Centre-Based NQF Policies / Checklists Payment



Centre Support

Centre Name: _____

Trading Name: _____

Surname : _____ Given Name : _____

Phone : _____ Mobile: _____ Email : _____

Address : _____

Suburb/Town: _____ State: _____ Post Code: _____

☐ Policies \$500 with 12 months of policy updates

☐ NQS Checklist \$250

☐ Policies on CD \$520 with 12 months of policy updates

☐ Checklist on CD \$270 TOTAL

\$



EFT: please use centre name as description

BSB: 112 879

Account: 156 111 217

Account Name: Centre Support Pty Ltd

Pay by Cheque

Pay: Centre Support

Centre Support
P.O. Box 3378
BANGOR
NSW 2234

**P.O. Box 3378
BANGOR NSW
2234**

**Credit
Card**

☐ VISA ☐ MasterCard ☐ AMEX ☐ Diners

Card Number: _____

Expiry Date: _____ / _____ Card Holder Name: _____

Signature _____ Date _____ / _____ / _____
D D M M Y Y Y Y

I / We authorise Centre Support Pty Ltd to debit my/our account at the Financial Institution identified above in accordance to the Payment Details stated above and as per the Service Agreement provided.

Fees / Charges : Visa/Mastercard 1.64% (min \$0.99) Amex/Diners 4.4% (min \$0.99)

**We can debit
your
Bank Account**

Financial Institution: _____

Account Name: _____

BSB: _____ Account No: _____

Signature _____ Date _____ / _____ / _____
D D M M Y Y Y Y

I / We authorise Centre Support Pty Ltd to debit my/our account at the Financial Institution identified above in accordance to the Payment Details stated above and as per the Service Agreement provided.

Form Current Dec 2016 Centre Support Pty Ltd ABN:29 132 937 538

Fax to: 1800 308 029

Centre Support : P.O. Box 3378 BANGOR NSW 2234 T: 1800 440 102 F: 1800 308 029 W: centresupport.com.au

Office Use Only:

Received Date:

Sales Person:



Centre Support Pty Ltd

Ph: 1800 440 102 Fax: 1800 308 029

SERVICE AGREEMENT

I/We acknowledge that the bank account or credit card details we provide have been verified against a recent bank statement to ensure accuracy. If uncertain I/We have contacted the financial institution. We authorise:

- Centre Support to verify details of my/our account with my/our financial institution
- the Financial Institution to release information allowing Centre Support to verify my/our account details

I/We acknowledge that it is my/our responsibility to ensure there are sufficient cleared funds in the nominated account to enable the payment to be honoured. If there are insufficient funds available, I/We authorise Centre Support to attempt to reprocess any unsuccessful payments, and acknowledge that:

- Centre Support will not be held responsible for any fees and charges that may be charged by my/our financial institution
- I/We are responsible for any fees and charges associated with each unsuccessful payment deduction plus any financial institution charges and collection fees, including any solicitor fees and collection agent fees appointed by Centre Support.

I/We acknowledge that Centre Support must provide 14 days notice if proposing to vary the terms of the payment arrangements.

Centre Support will keep information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim relating to an alleged incorrect or wrongful debit, or otherwise required by law.