



Direct Debit Request form

* Denotes mandatory fields

1. Account holder's authority

All signatories may be required to sign on joint accounts.

	Name/s of account holder/s*	Signature*	Date*
I / We			

Authorise the **Fines Enforcement and Recovery Unit** (APCA User ID Number 77422) to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below. This authorisation is to remain in force in accordance with the terms and conditions described in the Direct Debit Request Service Agreement (over the page).

2. Details of account to be debited

Incomplete / incorrect / unreadable forms will prevent payments being processed. This may result in your arrangement going into default. Please confirm with your financial institution that a Direct Debit can be made from your account. Credit card accounts cannot be used.

Name of the financial institution*	Branch name*
Account name*	
BSB number (6 digits)*	Account number (no more than 9 digits)*
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> (6 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (7-9 digits)

3. Payment details

Debtor details (please contact us if details need updating)

Name*	Address*
Contact number/s*	
(M) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(H) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email	Date of birth
	__ / __ / ____
	Gender

Payment arrangement details

Fine reference*	Total amount due*
Instalment amount*	Instalment frequency (weekly, fortnightly, monthly)*
First instalment due*	First instalment date must be a weekday and not a public holiday. If this form is received after your nominated start date, the next frequency date will be used.

Submit your completed and signed form by either:

Email	Scanned copy to fines@sa.gov.au	Fax	(08) 8207 6273
Post	PO Box 288, Rundle Mall SA, 5000		



Direct Debit Request Service Agreement

By authorising the Direct Debit Request you agree to the following conditions.

Your responsibilities

It is your responsibility to make sure:

1. Direct Debit is available through your nominated account through BECS. If you are unsure, check with your financial institution.
2. The account details you have provided are correct. If you are unsure, check against a recent statement or check with your financial institution.
3. Sufficient cleared funds are in the nominated account when the payments are to be drawn. If a debit item is returned unpaid by your financial institution, you may be liable for any dishonour fees charged by that financial institution and it is your responsibility to ensure that your scheduled instalment payments are maintained.
4. If you wish to cancel, defer or alter a Direct Debit, submit a Direct Debit Cancellation Request Form or call the Fines Enforcement and Recovery Unit or your financial institution at least five business days before the next instalment is due. Direct Debit Cancellation Request Forms are available at www.fines.sa.gov.au or by calling 1800 659 538. If the Direct Debit agreement is cancelled and an amount remains outstanding, under the obligations of your payment arrangement, you will need to ensure that your scheduled instalment payments are maintained.
5. If you wish to dispute any debit item, contact the Fines Enforcement and Recovery Officer on 1800 659 538 or provide full details in writing to **Fines Enforcement and Recovery Officer, PO Box 288, Rundle Mall SA 5000.**

Our commitment

The Fines Enforcement and Recovery Officer will:

6. Arrange deductions in accordance with the 'Details of the account to be debited' and 'Payment arrangement details' authorised in the Direct Debit Request Form.
7. Make deductions from your nominated account on the day that the instalment payment is due. If the debit falls on a day that is not a business day, we may direct your financial institution to debit your account on the next business day. If you are uncertain as to when the debit will be processed to your account, check with your Financial Institution.
8. Cease debiting your account once the 'total amount due' is paid or the Direct Debit arrangement is cancelled.
9. Cancel your Direct Debit if: a. Two consecutive scheduled payments are returned unpaid due to insufficient funds in the nominated account; b. The nominated account is closed; c. The details of the nominated account are not correct; or d. The nominated financial institution was unable to process the payment.
10. Ensure all records and account details are kept private and confidential and will only be used or disclosed for purposes relating to your Direct Debit Request payment facility in accordance with the State Government Information Privacy Principles unless otherwise authorised or required by, or in accordance with law.
11. Provide no less than 14 days' notice to you if there is a variation to any of the direct debit arrangements.
12. We may send notices either electronically to your email address or by ordinary post to the address you have given us.
13. Any notice will be deemed to have been received on the day they would be received in the ordinary course of post.