

CUSTOMER NAME: _____ SIGNATURE ACCOUNT No: _____

EMAIL: _____  Help protect the environment, tick if you require an invoice confirmation via email.**Request and Authority to debit the account named below to pay
Signature Security Group Pty Ltd ABN 93 076 836 416****REQUEST AND AUTHORITY TO DEBIT**

Surname or company name: _____

Given name or ACN/ARBN _____

("you")

request and authorise Signature Security Group Pty Ltd user number 037229 to arrange for any amount Signature Security Group Pty Ltd may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

INSERT THE NAME AND ADDRESS OF FINANCIAL INSTITUTION AT WHICH ACCOUNT IS HELD

Financial institution name: _____

Address: _____

INSERT DETAILS OF ACCOUNT TO BE DEBITED

Name of account: _____

BSB number: ___ / ___ / ___ - ___ / ___ / ___ Account number: ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___ / ___

ACKNOWLEDGMENT

By signing the Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Signature Security Group Pty Ltd as set out in this Request and in your Direct Debit Request Service Agreement.

INSERT YOUR SIGNATURE AND ADDRESS

Signature _____

Date ___ / ___ / ___

Address _____

DIRECT DEBIT REQUEST (DDR) SERVICE AGREEMENT**Our commitment to you**

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Signature Security Group Pty Ltd ABN 93 076 836 416 (User ID 037229) and you. Direct Debit arrangements pertain to requests to deduct money from your financial institution account. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider. We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Drawing arrangements

- The first drawing under this Direct Debit arrangement will occur on the nominated date.
- We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice to the address you have given us in the Direct Debit Request.
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information

that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

- We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).

Your rights**Changes to the arrangement**

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by

- telephoning us on 1300 655 944 during business hours;
- writing to: Signature Security Group Pty Ltd, PO Box 6587, Baulkham Hills NSW 2153; or
- arranging it through your own financial institution.

Enquiries

Direct enquiries to us in the first instance, should be made 10 working days before next drawing. Enquiries should include your Customer Name and Account number.

Disputes

You should check your account statement to verify that the amounts debited from your account are correct. If you believe that there has been an error in debiting your account, you should notify us directly at Signature Security Group Pty Ltd, PO Box 6587, Baulkham Hills NSW 2153 and confirm that notice in writing with us as soon as possible so

that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.

If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

If there are insufficient clear funds in your account to meet a debit payment you may be charged a fee and/or interest by your financial institution. You may also incur fees or charges imposed or incurred by us; and you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

CUSTOMER NAME: _____ SIGNATURE ACCOUNT No: _____

EMAIL: _____  Help protect the environment, tick if you require an invoice confirmation via email.

I hereby authorise Signature Security Group ABN 93 076 836 416 to charge my credit card (please tick)

for the installation Price in the amount of \$ _____

for the Recurring Billing in the amount of \$ _____

(a pro-rata amount may be added to the first billing so future billing periods commence from the 1st of the month)

TYPE OF CREDIT CARD (Please tick)

Visa Card Master Card

Cardholder's Name: _____

(Please print as it appears on the card)

Card Number:

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 Expiry Date: _____

Cardholder's Signature: _____ Date: _____

REMINDER: - HAVE YOU COMPLETED YOUR CUSTOMER NAME AND ACCOUNT NUMBER?
- ADVISE US IF ANY OF YOUR CREDIT CARD DETAILS CHANGE IN THE FUTURE

Received the sum of \$ _____ By cheque/cash being _____

Signed for and on behalf of Signature Security Group

_____ Date _____