

JOIN NOW AND START SAVING TODAY



Direct Debit Request

Please complete both sides of this form and return it to your chosen dental practice.

1 Choose your plan (please tick one)

DENTAL CARE PLAN \$1 A DAY
I agree to pay \$30 per month ongoing payment

DENTAL CARE PLAN + EXTRAS \$1.35 A DAY
I agree to pay \$40 per month ongoing payment

Payment can be cancelled at any time. The first payment will incur a non-refundable \$28 registration fee.

2 Choose your practice (please tell us which DMA member dentist you would like to visit)

Your dental practice name

Dentist's name (if known)

3 Choose your payment method

(please tick one and provide either your credit card or bank account details)

Credit card

Type of card (please tick)

Visa MasterCard Amex

Name on card

Credit card number

Expiry date

CVV number

Note all credit card/debit card transactions will incur a 1.9% surcharge.

Bank transfer

Financial institution details of account to be debited

Financial institution name

Account name

BSB number

Account number

4 Choose your payment frequency (please tick one)

Monthly **Fortnightly**

5 Referral / charity code (please enter a referral code if you have one)

Please turn over and complete both sides of this form.

Direct Debit Request Service Agreement continued

Please read both sides of this service agreement which starts on the reverse of this page.

4.3 In the event that your account remains in default, details of your account and the default will be passed to a debt collection agency for recovery. Any legal and/or debt collection costs incurred in recovering outstanding debts from you will be added to any amounts already outstanding.

4.4 You should regularly check your account statements to verify that the amounts debited from your account are correct.

4.5 It is your responsibility to ensure that you keep DMA informed of your current contact details.

5 Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on info@dentalmembers.com.au and confirm that notice in writing with us as soon as possible at Unit 11/31 Springfield Lakes Boulevard, Springfield Lakes, Qld, 4300, so that we can resolve your query quickly. Alternatively you can take it up with your financial institution direct.

5.2 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.

5.3 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.

6 Accounts

6.1 You should check:

(a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.

(b) your account details which you have provided to us are correct by checking them against a recent account statement; and

with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7 Confidentiality

7.1 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.

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

8 Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Dental Members Australia
Unit 11/31 Springfield Lakes Blvd
Springfield Lakes
QLD 4300

or email: info@dentalmembers.com.au

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

8.3 Any notice will be deemed to have been received on the third banking day after posting.

Central Dentists Springfield Lakes

Telephone 07 3381 8888

6/31 Springfield Lake Boulevard
Springfield Lakes
QLD 4300



SAVE AT THE DENTIST and put a smile on your dial!



\$1 A DAY DENTAL CARE PLAN

Save more than \$140/year with

- ▶ 2 exams
- ▶ 2 x-rays
- ▶ 2 hygiene treatments (scale and clean)
- ▶ 2 fluoride treatments
- ▶ 10% off all other treatments

Option 1
\$30
/month

OR IF YOU NEED FILLINGS AND CROWNS CHOOSE:

\$1.35 A DAY DENTAL CARE PLAN + EXTRAS

Save more than \$500 with

- ▶ all the CARE PLAN treatments PLUS:
- ▶ fillings \$149 each
- ▶ crowns \$999 each

Option 2
\$40
/month

Join today using the attached
form or online at:
dma.com.au/dma-dentists



JOIN TODAY - NO WAITING PERIOD

Simply complete the form and post, email or drop it into your nearest practice, or sign-up online at dma.com.au/dma-dentists

- 1 Choose either Dental Care Plan or Dental Care Plan + Extras
- 2 Choose your practice
- 3 Choose your payment method
- 4 Choose your payment frequency

Don't forget to ask your DMA dentist about family discounts.

DENTAL CARE PLAN COMPARISON	\$1 A DAY (\$30/month)	\$1.35 A DAY 'EXTRAS' (\$40/month)
▶ 2 exams	✓	✓
▶ 2 x-rays	✓	✓
▶ 2 hygiene treatments	✓	✓
▶ 2 fluoride treatments	✓	✓
▶ 10% off all other treatments	✓	✓
▶ fillings capped at \$149 per filling		✓
▶ crowns capped at \$999 per crown		✓
Once only registration fee	\$28	\$28
Annual cost (direct debit in instalments)	\$360	\$480
SAVE	\$200+	\$500+

Direct Debit Request Service Agreement

Please read both sides of this service agreement which continues on the reverse of this page.



The following is your Direct Debit Request Service Agreement with Dental Members Australia Pty Ltd. 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.

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or we means Dental Members Australia Pty Ltd (the Debit User) you have authorised by signing a Direct Debit Request.

you means the customer who signed the Direct Debit Request.

your financial institution means the financial institution nominated by you on the Direct Debit Request at which the account is maintained.

1 Debiting your account

1.1 By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

1.3 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 banking day prior. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2 Amendments by us

2.1 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.

2.2 The amount of your debit payment may be reduced by any lump sum payments made by you.

2.3 The amount of your debit payment may be reduced by any amounts paid by your Private Health Insurance rebate.

3 Amendments by you

3.1 You may change, stop or defer a debit payment, or terminate this agreement if you have not started your dental treatment by providing at least fourteen days (14 days) written notice in the form of a completed cancellation form. Cancellation forms will be available at your dental practice during business hours.

3.2 You may change, stop or defer a debit payment, or terminate this agreement if you have started your dental treatment by providing at least fourteen days (14 days) written notice in the form of a completed cancellation form. Cancellation forms will be available at your dental practice during business hours. In circumstances where the work is not completed (e.g. patient transfers to another clinic) the agreed pro-rata amount for the work done will apply or you can elect to pay any outstanding amounts in a lump sum payment.

4 Your obligations

4.1 It is your responsibility to ensure 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.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

(a) you may be charged a fee and/or interest by your financial institution;

(b) you will also incur a \$30 dishonour fee by us; and

(c) 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. Contact your dental practice directly during business hours to arrange for the missed debit payment to be made by another method.

(d) if you have not arranged for the missed debit payment to be made before the next month's debit payment falls due, then the term of your Direct Debit Service Agreement will automatically be extended by the same time period.

Continues on the reverse side of this page.

Direct Debit Request continued

Please complete both sides of this form and return it to your chosen dental practice.

Your contact details

First name Surname

Address

Suburb

State Postcode

Mobile Home phone -

Email address

Instruction

You request and authorise **Dental Members Australia Pty Ltd** to arrange, through its own financial institution, a debit to your nominated account of any amount **Dental Members Australia Pty Ltd** has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated overleaf and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Acknowledgment

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and Dental Members Australia Pty Ltd (User ID 415095) as set out in this request and in your Direct Debit Request Service Agreement.

Name (please print)

Signature

Date / /

Please return the completed form to your chosen dental practice.

www.dentalmembers.com.au



Dental Members
AUSTRALIA