

MEMBER DETAILS DOOR NO. MEMBER NO.

LAST NAME D.O.B / /

FIRST NAME

ADDRESS

PH: (H) MOBILE

EMAIL

OFFICE USE ONLY

MEMBERSHIP TYPE	<input type="text"/>	DOOR FOB \$	<input type="text"/>
SOURCE	<input type="text"/>	PRO RATA \$	<input type="text"/>
AUTH BY	<input type="text"/>	AMOUNT PAID \$	<input type="text"/>
START DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>	M'SHIP \$	<input type="text"/>
		F/NIGHT	<input type="text"/>
		CARD <input type="checkbox"/>	CASH <input type="checkbox"/> DD <input type="checkbox"/>
		MEM. <input type="checkbox"/>	CON. <input type="checkbox"/> FOB. <input type="checkbox"/>

- Induction:** I understand that an initial induction with the club manager is required prior to using the club.
- Notice to Cancel Direct Debit:** My membership fees are payable in advance and is continuous until I give 30 days' written notice by email of my intention to cancel.
- Direct Debit Rejections:** I agree to notify Fit247 of changes to my billing account and ensure that money to pay the membership charges is in the account on billing days. A rejection charge of \$10 applies
- Suspension:** I have the right to suspend my membership for up to four months annually during which time I will be charged \$5 per fortnight. I cannot cancel during the suspension period.
- Door Access and Security:** If I allow unauthorized guests into the club, or allow non-members to use my membership access card, it will be deactivated and I will be charged a fee of \$150.00, which I agree to pay.
- Managers Hours:** I understand this is an unmanned facility outside the 40 hours the club manager works.
- Club Term and Conditions:** My signature is acknowledgement that I have received the "club terms and conditions" and that I agree to abide by such regulations as stated.

Release of Liability
 I hereby understand that whilst Kwik Fit 24/7 Directors and staff exercise utmost safety and care, that there are inherent risks of personal injury involved in participating in any exercise program. I certify that I am in good physical condition and capable of undertaking an exercise program and I assume all such risks associated with physical strain and exertion. I acknowledge that Kwik Fit 24/7 accepts no liability whatsoever for any injury sustained howsoever whether caused by negligence of the centre, its staff, patrons or otherwise. I agree to release indemnity and keep harmless the centre from all claims for loss of property from lockers or otherwise and for personal injury together with any associated cost or expenses.

SIGNATURE (AND GUARDIAN IF U16) DATE



Direct Debit Request (DDR)

MEMBER DETAILS

Membership Ref#

Full Name of Member:

SURNAME

GIVEN NAMES

Member's Date of Birth:

 / /

D D / M M / Y Y Y Y

PAYMENT ARRANGEMENT |

For the total amount billed for the specified period for this and any other subsequent agreements or amendments including associated fees/charges as detailed.

Single Payment:

 / /

D D / M M / Y Y Y Y

debit the amount of:

 \$, .

Recurring Payment:

 / /

D D / M M / Y Y Y Y

debit the amount of:

\$20.00

Payment Frequency:

Fortnightly

Payment Term:

Continue until further notice

By signing this form, I/we acknowledge that **Fit247 Rec Xpress** will appear as the payment notation on my bank or card statement.

BANK ACCOUNT AUTHORITY |

Direct Debit is not available on the full range of accounts - If in doubt please refer to your financial institution

Financial Institution

Branch

BSB Number

 -

Account Number | 9 Digits MAX

Account Holder Name

I/We authorise LinksPay Pty Ltd ABN 96 134 528 279, User ID 382220, to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance to the Payment Arrangements stated above and this Direct Debit request and as per the DDR Service Agreement provided.

CREDIT CARD AUTHORITY

Please charge my periodical payments to my (please tick one):

VISA

MasterCard

Card Number

Expiry Date

 /

M M / Y Y

Name on Card (exactly how it appears on card)

This Authorisation is to remain in force in accordance with the Terms and Conditions on this Direct Debit Request, the provided DDR Service Agreement, and I/we have read and understand the same.

AUTHORISING SIGNATURE



Date

 /

D D / M M / Y Y Y Y

DDR Service Agreement

This Agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with LinksPay and the Business. 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.

I/We hereby authorize LinksPay Pty Ltd (ABN: 96 134 528 279) Direct Debit User ID **382220** to make periodic debits on behalf of the "Business" as indicated on the front of this Direct Debit Request (herein referred to as the Business).

I/We acknowledge that LinksPay is acting as a Direct Debit Agent for the Business and that LinksPay does not provide any goods or services and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement with the Business.

I/We acknowledge that LinksPay and the Business will keep any information (including account details) contained in the Direct Debit Request confidential. LinksPay and the Business 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:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

I/We acknowledge that the debit amount will be debited from my/our account according to the Direct Debit Request, this Agreement and the terms and conditions of the agreement with the Business.

I/We acknowledge that bank account details have been verified against a recent bank statement to ensure accuracy of the details provided. If uncertain you should contact your financial institution.

I/We acknowledge that it is my/our responsibility to ensure that there is sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight; however transactions can take up to three (3) business days depending on your financial institution. I/We acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/We agree that LinksPay will not be held responsible for any fees and charges that may be charged by your financial institution.

I/We Acknowledge that there may be a delay in processing if:

- 1) There is a public or bank holiday on the day, or any day after the debit date
- 2) A payment request is received by LinksPay on a day that is not a Banking Business Day
- 3) A Payment request is received after normal operational hours, being 4pm Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise the Business to vary the amount of the payments from time to time as provided for within the Business agreement. I/We authorise LinksPay to vary the amount of the payments upon instructions from the Business. I/We do not require LinksPay to notify me/us of such variations to the debit amount.

I/We acknowledge that the total amount billed will be for the specified period for this and/or subsequent agreements and/or amendments.

I/We acknowledge that the Business is to provide 14 days notice if proposing to vary the terms of the debit arrangements.

I/We acknowledge that variations to the debit arrangement will be directed to the Business.

I/We acknowledge that any request to stop or cancel the debit arrangement will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business. If no resolution is forthcoming you are advised to contact your financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, I/We will be responsible for any fees and charges for each unsuccessful debit in addition to any financial institution charges and collection fees, including and not limited to any solicitor fees and collection agent fees appointed by LinksPay.

I/We authorise LinksPay to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that if specified by the Business, a setup, variation, dishonour, SMS or processing fees may apply as instructed by the Business.

I/We authorise:

- 1) The Debit User to verify details of my/our account with my/our financial institution
- 2) The Financial Institution to release information allowing the Debit User to verify my/our account details.

LinksPay Pty Ltd

ABN: 96 134 528 279

P.O Box 6290, Upper Mt Gravatt, Queensland 4122

Ph: 07 3040 4320 Fax: 07 3343 8590