

Customer Service Agreement Direct Debit Request



Our Commitment to You

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Tas Gas Retail and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial Terms of the Arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for payment of your gas account.

Drawing Arrangements

- > The first drawing under this Direct Debit arrangement will occur on the due date of your next gas invoice.
- > If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- > We will give you at least 14 days notice in writing when changes to the initial terms of the arrangement are made. This notice will state the new amount, frequency and any other changes to the initial terms.
- > If you wish to discuss any changes to the initial terms, you can contact us by writing to Tas Gas Retail, PO Box 858 Launceston TAS 7250 or phoning us on 1800 438 427.

Your Rights

Changes to the arrangement

If you want to make changes to the drawing arrangements, contact us by writing to Tas Gas Retail, PO Box 858 Launceston TAS 7250 or phoning us on 1800 438 427.

These changes may include:

- > deferring the drawing; or
- > altering the schedule; or
- > stopping an individual debit; or
- > suspending the DDR; or
- > cancelling the DDR completely.

Enquiries

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 14 working days prior to the next scheduled drawing date. All communication addressed to us should include your Gas Customer number as shown on your gas account.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

Disputes

- > If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by writing to Tas Gas Retail, PO Box 858 Launceston TAS 7250 or phoning us on 1800 438 427.
- > If you do not receive a satisfactory response from us to your dispute, contact your financial institution, which will respond to you with an answer to your claim:
 - within 5 business days (for claims lodged within 12 months of the disputed drawing); or
 - within 30 business days (for claims lodged more than 12 months after the disputed drawing).
- > You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

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
- > that on the drawing date there are sufficient cleared funds in the nominated account; and
- > that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution Tas Gas Retail will re-draw on the account no less than 3 working days later. If this second drawing is also returned or dishonoured we will notify you in writing requesting payment. Any transaction fees payable by us in respect of the above will be added to your account.

Request Form Direct Debit

I/We request you, Tas Gas Retail Pty Ltd (ACN 110370726 User ID 253112), to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Customer Details

Name _____

Address _____

My Tas Gas Customer Number _____

This appears on your gas account. If you are filling this form out in advance of your first account please leave blank.

Signature(s) _____

If debiting from a joint bank account both signatures will be required

Date ____ / ____ / ____

Bank Details

Name of Banking Institution _____

Branch _____

BSB Number _____

Account Number _____

Payment Options

Bill Payments

Please debit from the above account with amounts owing on my account when it becomes due.

OR

Advance Payments

Please debit \$ ____ from the above account Monthly Fortnightly Weekly (Please tick one)

I wish these payments to commence on ____ / ____ / ____