

DIRECT DEBIT REQUEST SERVICE AGREEMENT CLUB FEES (NZD)

This Debit Request Service Agreement ('Agreement') is issued by A.P.V.C. Ltd ACN 093 228 141 ('the Company') as the Responsible Entity of the Accor Vacation Club ('the Club') in accordance with the Club's Constitution.

General Information

- ❖ This Agreement is governed by the Club Constitution.
- ❖ The details of your drawing arrangements are contained in the attached Direct Debit Request.
- ❖ The Company will give you at least 14 days notice in writing if there are changes to the drawing arrangements.
- ❖ Where the due date is not a business day, the Company will draw from your nominated financial institution account on the next business day.
- ❖ The Company reserves the right to ask that instructions from you to stop or in any way alter the drawing arrangements is in a written or electronic (email) form.
- ❖ The Company reserves the right to cancel any drawing arrangements, if three consecutive drawings are dishonoured by your financial institution, and arrange with you an alternate payment method.
- ❖ The Company reserves the right to charge you for any fees or charges that the Company incurs due to dishonoured, returned or rejected payments.

The Company's commitment to you

- ❖ The Company will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution or where it is required to be disclosed by any legislation or legal process.

Your commitment to us

It is your responsibility to:

- ❖ Ensure your nominated account/cards can accept debits.
- ❖ Ensure that all account holders on the nominated financial institution account sign the attached Debit Request.
- ❖ Ensure there are sufficient funds available in the nominated account/cards to meet each drawing on the due date.
- ❖ Advise us if the nominated account/card is transferred or closed, or the account details have changed.
- ❖ Arrange a suitable payment method if the Company cancels the drawing arrangements.

Your rights

- ❖ Subject to the Club Constitution and provided you give the Company at least 7 business days notification before the draw date, you may:
 - stop an individual drawing;
 - defer a drawing;
 - suspend future drawings;
 - alter or cancel the drawings completely.
- ❖ If you consider that a drawing has been initiated incorrectly, you should contact Billings team on
 - Ph : 1300 761 414 - Option 3 (Australia)
 - 0800 761 414 - Option 3 (New Zealand)
 - +61 7 5595 32-0
 - Fax : +61 7 5641 0957
 - Email billing@accorvacationclub.com.au
- ❖ If you aren't happy with the Company's response, you can address a 'Notice of Complaint' to:
Accor Vacation Club
PO Box 1747
Surfers Paradise, QLD, 4217 AUSTRALIA

Accor Vacation Club
PO Box 1747
Surfers Paradise QLD 4217
Ph : 0800 76 14 14 Fax : +61 7 5641 0957
Email : billing@accorvacationclub.com.au

Direct Debit Request
Club Fees (NZD)



**Request and Authority to debit the account named below to pay
ACCOR VACATION CLUB**

Section 1 - Member Details

Request and Authority to debit

Surname: Given name(s):
Surname: Given name(s):
Membership number:

I/we request and authorise APVC Ltd as the responsible entity for ACCOR VACATION CLUB – ABN 37 094 718 108 to arrange, through its own financial institution, a debit to your nominated account any amount ACCOR VACATION CLUB 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 below or to the credit card details you have provided and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Section 2 - Payment Details

Credit Card

Name on Card

Card Type MasterCard Visa

Card Number

Expiry Date

Signature

A processing fee of 1% applies to all credit/debit card transactions.
Direct Debiting to credit cards does not form part of procedures governed by the Bulk Electronic Clearing System. Please refer to the procedures detailed in your cardholder terms and conditions provided by your Financial Institution.

Payment Cycle **Annually** **Quarterly**

Section 3 - Authorisation

Name 1 (please insert full name)

Name 2 (please insert full name)

Signature 1

Signature 2

(If signing for a company, sign and print full name and capacity for signing eg. Director)

Date 1 (DD-MM-YYYY)

Date 2 (DD-MM-YYYY)