

I/We request and authorise the Workers Compensation Nominal Insurer with DE User ID 502040 to debit and/or charge any amount relating to the workers compensation insurance for policy shown below (through the Bulk Electronic Clearing System) from my/our nominated account at the financial institution provided and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Please complete the below fields

Employer name

Policy number

ACN / ARBN / ABN (please circle)

Address

Postcode

Account details

Account name

Name and branch of financial institution

Postcode

BSB number

Account number

Refund - where we will pay any money you get back

icare can refund any adjustment credits or over-payments directly into your nominated account.

I authorise **icare** to directly credit money into the account nominated above.

Signed on behalf of employer by

Name

Position/Capacity

Contact number

Fax

Email address

In signing this authority you, on behalf of the employer, agree that you have read, understood and accepted the Direct Debit Service Agreement provided with this form, and that you have the authority of the account owner to approve direct debit payments being made from the nominated account. You acknowledge that should there be insufficient funds to meet any direct debit payment your rights to pay by instalments will be lost, your remaining workers compensation premium becomes immediately due and payable, together with any default fee, and late payment fees and will continue to accrue until such times that the remaining premium is paid in full.

If the account to be debited is a joint account that requires more than one signature please ensure that the appropriate number of account signatories sign the form. If the account is held by a company please ensure the form is signed by a director and company secretary. If you are signing on behalf of another person or entity please state the capacity in which you are signing.

Signature(s)

Date

This document outlines the Direct Debit Request (DDR) agreement made between the Workers Compensation Nominal Insurer and you. It sets out your rights and responsibilities, our commitment to you and our contact details should you require any further assistance. Please keep a copy of this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your Direct Debit Request authorisation. The terms of this Direct Debit Agreement are for the purpose of the Workers Compensation Nominal Insurer debiting from your account in accordance with the payment option selected by you.

Definitions

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

Agreement means this Direct Debit Service Agreement between you and us, including the direct debit request.

Basic Tariff Premium means the formula calculated by multiplying your wage by the Workers Compensation Industry Classification (WIC) rate for the applicable industry class.

Business Day means a day other than Saturday, Sunday or a listed Public Holiday.

Debit Day means the day that the payment is due under your policy or repayment agreement.

Debit Payment means a particular transaction where a debit is made, according to your direct debit request.

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

Deposit Premium means the amount specified in the Workers Compensation Regulation 2010 applying to the premium instalment option selected by you.

icare workers insurance means the brand of Insurance & Care NSW ABN 16 759 382 489 who acts on behalf of the Workers Compensation Nominal Insurer ABN 83 564 379 108 001

Refund means any adjustment premium credits or over-payments on your policy.

Us, We and Our means the Workers Compensation Nominal Insurer.

You and Your means the employer who has authorised the Workers Compensation insurance premiums to be deducted from the account.

Your Financial Institution is the financial institution where you hold the account that you have authorised us to arrange to debit

Debiting your account

By signing the Direct Debit Request you have authorised us to arrange for funds to be debited from your account according to this agreement for your workers compensation policy.

This agreement will continue until such time as you advise us to cease the arrangement, as set out in 'Your rights' section of this agreement.

This amount may vary according to your instalment schedule.

We will only arrange for funds to be debited from your account:

- as authorised in the direct debit request
- in accordance with a notice issued to you specifying your deposit premium instalment options and your selection of what instalment option you choose to pay your premium
- on receipt of your estimated wages for the policy year we will in accordance with the applicable Insurance Premiums Order send you advice of the revised amount that will be debited from your account
- if we receive further advice of your estimated wages and activities for the policy year we may send you advice of the revised amount payable for the remainder of the policy year and further vary the amount debited from your account provided that such variations to your workers compensation premiums are permitted by the applicable workers compensation Acts, regulations and notices.

The first drawing under this Direct Debit arrangement will occur on the due date of your next instalment, provided your instructions are received 10 business days before due date.

If the Debit Day falls on a day that is not a business day, we may direct your financial institution to debit your account on the next business day.

Our commitment to you

- We will give you at least 14 days notice of changes to the amount to be debited to your account. This notice will state the amount(s) to be debited and the next drawing date
- We will keep any information (including your account details) in your direct debit request confidential and will only disclose information we have about you:
 - to our financial institution to initiate the drawing to your nominated account;
 - to the extent specifically permitted by law; and
 - for the purposes of this agreement including disclosing any information
 - in connection with any query, dispute or claim.
- We will make reasonable efforts to keep any information in your direct debit request about you and your accounts secure and to ensure that any of our employees or agents who have access to information about you do not make unauthorised use, modifications, reproductions or disclosure of that information.

Your rights

Changes to the arrangement

You may change your account by providing us with a revised Direct Debit Request. Your new instructions need to be received in our office at least 10 business days before the next Debit Date for the changes to take effect.

If you wish to stop a Debit Payment you must advise us at least 48 hrs before the next scheduled Debit Day. If you do not pay the amount of this stopped payment to us by the Debit Day then your ability to pay your premium by instalments will be forfeited and the remaining amount of your premium will become due.

You may also cancel your authority for us to debit your account at any time. However, you must contact us at least 48 hrs before the Debit Day, and if you do not pay the instalments under your policy by the due date then your ability to pay your premium by instalments will be forfeited and the remaining amount of your premium will become due.

Any unpaid amounts will be subject to late payment fees.

Your commitment, obligations and responsibilities to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits, as not all accounts of all financial institutions are able to accept direct debits (your financial institution can advise if your account can accept direct debits)
- your account details that you have provided to us are correct. These details can be checked against a recent account statement. If you have any queries on how to complete the Direct Debit Request Form please see your financial institution. Errors on the form may cause the debit payment to fail and your right to pay your premium by instalments will be lost and the remaining amount of the premium will become due. Any unpaid amounts will be subject to late payment fees compounded monthly at the applicable rate
- on the drawing date there are sufficient cleared funds in your account to allow the debit payment to be made. If there are insufficient clear funds in your account then:
 - your rights to pay your premium by instalments will be lost and the remaining amount of the premium will become due. Any unpaid amounts
 - will be subject to late payment fees;
 - you will be charged a fee to reimburse us for the charges we have incurred for the failed transaction; and
 - your financial institution may also charge you a fee and or interest.
- you advise us if the nominated account is transferred or closed and advise us of how you intend to pay the remaining balance of your workers compensation premium.

Disputes

- If you believe that there has been an error in debiting your account, you should contact us and confirm the details in writing to us as soon as possible so that we can resolve your concerns promptly. Our contact details are shown at the end of this agreement.
- Note: Your financial institution will ask you to contact us to resolve your disputed direct deposit prior to them commencing to investigate your claim.
- If our investigations show that your account has been correctly debited, we will provide you with reasons for our view and provide you with copies of evidence supporting this finding.
- You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.
- If you are not satisfied with our response contact your financial institution who will respond to you with an answer to your claim:
 - Within 5 business days (for claims lodged within 12 months of the disputed direct debit); or
 - Within 30 business days (for claims lodged more than 12 months after the disputed direct debit).

Enquiries and notices

If you have any questions regarding this agreement you should contact us on:

Ph: 13 44 22

PO Box 6766, Silverwater NSW 1811
paymentservices@icare.nsw.gov.au

Please include your policy number in all correspondence. We will notify you of all changes we make to the debit payment from the details held in our policy system. Any notice sent will be deemed to have been received 3 business days after it has been issued.