

# Membership Application

For more information regarding eligibility and membership criteria, please visit <http://www.franchise.org.au/membership>

## General Information

Required for all Membership Categories

Company Name:			
Trading Name:			
Postal Address:		State:	Postcode:
Street Address:		State:	Postcode:
Telephone:	Fax:	ABN:	
Website:	Email:		

## Primary Contact

This is the Official Delegate to the FCA. Required for all categories

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (Please Specify):			
Name:		Job Title:	
Direct Email:		Phone:	

## Company CEO

Required for all categories

<input type="checkbox"/> Use Primary Contact Details			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (Please Specify):			
Name:		Job Title:	
Direct Email:		Phone:	

## Accounts Payable Contact

<input type="checkbox"/> Use Primary Contact Details			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (Please Specify):			
Name:		Job Title:	
Direct Email:		Phone:	

## Business Structure

<input type="checkbox"/> Company <input type="checkbox"/> Partnership	Provide a short description of your business:
<input type="checkbox"/> Trust <input type="checkbox"/> Sole Trader	

## Business Industry

<input type="checkbox"/> Accounting Services	<input type="checkbox"/> Advertising & Promotion	<input type="checkbox"/> Advisory Services	<input type="checkbox"/> Automotive (retail & service)
<input type="checkbox"/> Building (retail & service)	<input type="checkbox"/> Business Services	<input type="checkbox"/> Consultants	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Health & Lifestyle	<input type="checkbox"/> Household Services	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Leisure & Entertainment	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Mobile Services
<input type="checkbox"/> Retail - Food - Restaurant	<input type="checkbox"/> Retail - Food - Non Restaurant	<input type="checkbox"/> Retail - Household Goods	<input type="checkbox"/> Retail - Clothing - Fashion
<input type="checkbox"/> Retail Other (Please Specify):		<input type="checkbox"/> Other (Please Specify):	

## How did you hear about the FCA?

Please explain:



<b>Customer's Authority</b>	Name of Customer/s making the DDR		
	I/We <input type="text"/>		
	Name of Debit User	APCA User ID number	
	authorise and request the <input type="text" value="Franchise Council of Australia"/>	<input type="text" value="305339"/>	
	until further notice in writing, to arrange for funds to be debited through the Bulk Electronic Clearing System (BECS) from my/our account at the Financial Institution identified below as instructed by me/us or any other amounts as instructed or authorised to be debited in accordance with the terms and conditions of the Direct Debit Request Service Agreement (DORSA) as amended from time to time.		
<b>Payment Details</b>	This authority allows the debiting of amounts payable by the Customer under the Agreement between the Customer and the Franchise Council of Australia.		
<b>Details of the Account to be debited</b>	Name of the Financial Institution	Branch name	
	<input type="text"/>	<input type="text"/>	
	Account name (please insert your name in full)		
	<input type="text"/>		
	BSB number	Account number	ABN/ARBN (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Note: Direct debiting is not available with all bank accounts. If in doubt, please refer to your bank/financial institution.		
<b>Details of the Account to be credited</b>	Please nominate where payments to your organisation are to be credited.		
	<input type="checkbox"/> Bank account as stated above or		
	<input type="checkbox"/> Bank account nominated as follows:		
	Account name (please insert your name in full)		
	<input type="text"/>		
	BSB number	Account number	ABN/ARBN (if applicable)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Customer Authorisation</b>	By signing below. I/we acknowledge that this Direct Debit arrangement is governed by the terms of Authorisation the DDRSA attached to this request. I/ We also authorise Franchise Council of Australia to verify (if need be) the details of the account with my/our Financial Institution mentioned above and for that Financial Institution to release information to Franchise Council of Australia in order to allow it to verify the above account details.		
If in joint names both signatures may be required	Signature	Signature	
	<input type="text" value="x"/>	<input type="text" value="x"/>	
	Date	Date	
	<input type="text"/>	<input type="text"/>	

1. By signing the Direct Debit Request, you authorise us to arrange for funds to be debited from your Account in accordance with the Agreement.
  2. We will advise you 14 days in advance of any changes to the Direct Debit Request.
  3. For all matters relating to the Direct Debit Request, including cancellation, alteration or suspension of drawing arrangements or to stop or defer a payment, or to investigate or dispute a previous payment, you should:
    - a) Send written correspondence to:

Franchise Council of Australia  
PO Box 2195  
Malvern East VIC 3145

Or fax 03 9508 0899
    - b) Allow for 14 days for the amendments to take effect or to respond to a dispute.

If investigations show that your Account has been incorrectly debited, we will arrange for the Financial Institution to adjust your Account accordingly. We will also notify you in writing of the amount by which your Account has been adjusted. If our investigations show that your Account has been correctly debited, we will respond to your query by providing you with reasons and copies of any evidence for this finding.

If we cannot resolve the matter, you can still refer it to your Financial Institution, which will obtain details from you of the disputed payment and may lodge a claim on your behalf.
  4. You should be aware that:
    - a) Direct Debiting through the Bulk Electronic Clearing System (BECS) is not available on all accounts; and
    - b) You should check your Account details, including the Bank State Branch (BSB) number, directly against a recent statement from your Financial Institution.

If you are in any doubt, please check with your Financial Institution before completing the drawing authority.
  5. It is your responsibility to ensure that:
    - a) Sufficient cleared funds are in the Account when the payments are to be drawn;
    - b) The authorisation to debit the Account is in the same name as the Account signing instruction held by the Financial Institution where the Account is held;
    - c) Suitable arrangements are made if the direct debit is cancelled:
      - by yourself;
      - by your Financial Institution; or
      - For any other reason.
  6. If the due date for payment falls on a day other than a Banking Business Day, the payment will be processed on the next Banking Business Day. If you are uncertain when the payment will be debited from your Account, please check with your Financial Institution.
  7. For returned unpaid transactions, the following procedures or policies will apply:
    - a) We treat the payment as if it was never made;
    - b) Services may be suspended until the outstanding charges are paid; and/or
    - c) A fee may be applied for drawings that are returned unpaid. We reserve the right to cancel the Direct Debit Request at any time if drawings are returned unpaid by your Financial Institution.
  8. All Customer records and Account details will be kept private and confidential to be disclosed only at your request or at the request of the Financial Institution in connection with a claim made to correct/investigate an alleged incorrect or wrongful debit or otherwise as required by law.
- ## Definitions
- Unless otherwise defined, a term defined in the Agreement has the same meaning when used in this DDSRA and:
- Account** means the account nominated in the Direct Debit Request, held at your Financial Institution from which we are authorised to arrange for funds to be debited;
- Agreement** means the Terms and Conditions (including BPAY), including the Schedules to those Terms and Conditions, as amended from time to time;
- Direct Debit Request** means the Direct Debit Request between us and you as amended from time to time;
- Financial Institution** is the Financial Institution where you hold the Account nominated in your Direct Debit Request as the Account from which we are authorised to arrange for funds to be debited;
- We** means Franchise Council of Australia; and
- You** mean the Customer/s who signed the Direct Debit Request.