

Customer Account Update

Please select all applicable options:

Ownership Change: <input type="checkbox"/>	Name Change: <input type="checkbox"/>	Banner Group Change: <input type="checkbox"/>
Date of Change: _____ (required)		Pharmacy ID (MAID): _____

This account is non-transferable without the prior written consent of MedAdvisor International Pty Ltd ABN 40 161 366 589 (Medadvisor). It is the responsibility of the Customer to notify Medadvisor of any changes of ownership 14 days prior to any such change.

Section 1 – Customer Details

Pharmacy name:		
Previous pharmacy name: _____ (where applicable)		
Entity name: _____ (the Customer) (As per ASIC)		
ABN:	ACN:	
Legal Entity Type: <input type="checkbox"/> Company <input type="checkbox"/> Individual Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ (specify)		
Address 1:		
Address 2:		
Suburb:	Postcode:	State:
Contact number:	Contact email:	
Accounts Payable number:	Billing email:	
Dispense system:	Pharmacy Group:	
Owner 1 name:		
Contact number:	Contact email:	
Owner 2 name:		
Contact number:	Contact email:	

Please provide name of director/partner/sole trader/trustee as applicable.

Section 3 – Payment Details – Only complete one payment option

Section 3a – Credit Card

Account type (please tick):	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
Cardholder name: (please provide full name)			
Card number:			
Expiration date:	CVV: (3 digit number / 4 digits on front of AMEX)		

Section 3b – Direct Debit

Financial institution:	
Branch:	
Account name: (please provide full name)	
BSB:	Account number:

Section 4 – Payments to Pharmacy– Remittance

The banking details below can be used for the disbursement of funds from Medadvisor to the pharmacy. These details may be used for In-App Payments and Sponsored Intervention Payments as well as any promotional or seasonal events that occur requiring payment to the pharmacy.

Financial institution:	
Branch:	
Account name: (please provide full name)	
BSB:	Account number:

Section 4a – In-App Payment Fees

In-App Payments will allow your patients to order and pay for their medications via the MedAdvisor app. The funds collected by Medadvisor on your behalf will be remitted in full to your nominated account. The following fee structure applies and will be invoiced in arrears with your monthly subscription:

Transaction Value	Transaction Fee
\$0 - \$90	\$1.10
\$90.01 - \$150	\$1.80
\$150.01 - \$300	\$2.80
\$300.01 +	\$5.60

☐ The Customer consents to enabling In-App Payment Fees.

Section 5 – Signature – signed by an authorised signatory

☒ The Customer agrees to the terms and conditions set out in the [Pharmacy Licence Agreement](#)

☒ I and the Customer acknowledge that personal and health information will be collected, used, held, and disclosed in accordance with [Medadvisor's Privacy Policy](#)

☒ The Customer agrees that: Medadvisor may also exchange the Customer's personal information (or where the Customer is a company, the personal information of each of its directors) with commercial credit bureaus or similar service providers to assist Medadvisor in verifying details provided by the Customer and to obtain a commercial credit report in respect of the Customer's activities and the activities of other companies in which the Customer or its directors are involved; and where the Customer is a company, the Customer will give each director a copy of, or make each director aware of, [Medadvisor's Privacy Policy](#)

☒ I am duly authorised by the Customer to sign and submit this Application Form for and on behalf of the Customer.

☒ The Customer requests and authorises Medadvisor to arrange, through its own financial institution, a debit from or charge to the account specified in section 3 for any amount Medadvisor has deemed payable by the Customer as set out in an invoice to the Customer. This debit or charge will be made through the Bulk Electronic Clearing System from the Customer's nominated account. By agreeing to or providing Medadvisor with a valid instruction regarding the direct debit request, you acknowledge you have read and understood the terms and conditions governing the debit arrangements between the Customer and Medadvisor as set out in this Application Form and in the Direct Debit Service Agreement.

Signatory Name (please provide full name):

Role/title:

Contact phone number:

Date:

Signature:

Please email completed form to **payments@medadvisor.com.au**

Direct Debit Service Agreement

This is the Direct Debit Service Agreement with MedAdvisor International Pty Ltd.

1. **Definitions**
 - 1.1. *account* means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
 - 1.2. *agreement* means this Direct Debit Service Agreement between *you* and *us*.
 - 1.3. *business day* means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
 - 1.4. *debit day* means the day that payment by *you* to *us* is due.
 - 1.5. *debit payment* means a particular transaction where a debit is made.
 - 1.6. *direct debit request* means the direct debit request between *us* and *you* in the form of a Customer Account Application Form or Customer Account Update Form.
 - 1.7. *us* or *we* or *our* means MedAdvisor International Pty Ltd *you* have authorised by signing a *direct debit request*.
 - 1.8. *you* or *your* means the customer who signed or agreed to the *direct debit request*.
 - 1.9. *your financial institution* is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.
2. **Debiting *your account***
 - 2.1. By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.
 - 2.2. We will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.
 - 2.3. 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 preceding *business day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.
3. **Changes by *us***
 - 3.1. We may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days' written notice.

4. Changes by *you*

- 4.1. Subject to clauses 5.2 and 5.3, you may, unless you have a contrary obligation to *us* in terms of any other contact, change the arrangements under a *direct debit request* by:
- a. writing to:
MedAdvisor International Pty Ltd
Suite 2, Level 7, 500 Bourke Street,
Melbourne VIC 3000
 - b. sending an email to payments@medadvisor.com.au
 - c. phoning 1300 125 343 during business hours; or
 - d. arranging it through *your* own financial institution.
- 4.2. If *you* wish to stop or defer a *debit payment* you must notify *us* in writing at least 14 days before the next *debit day*.
- 4.3. *You* may also cancel *your* authority for *us* to debit *your account* at any time by giving *us* 14 days notice in writing before the next *debit day*.

5. *Your* obligations

- 5.1. It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 5.2. If there are insufficient clear funds in *your account* to meet a *debit payment*:
- a. *you* may be charged a fee and/or interest by *your financial institution*;
 - b. *you* may also incur fees or charges imposed or incurred by *us*; and
 - c. *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.
- 5.3. *You* should check *your account* statement to verify that the amounts debited from *your account* are correct.

6. Dispute

- 6.1. If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 1300 125 343 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query quickly.
- 6.2. If *we* conclude as a result of *our* investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 6.3. If *we* conclude as a result of *our* investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.
- 6.4. Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you*

can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

7. Accounts

7.1. You should check:

- a. with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions;
- b. *your account* details which *you* have provided *us* are correct by checking them against a recent *account* statement; and
- c. with *your financial institution* before completing the *direct debit request* if *you* have any queries about how to complete the *direct debit request*.

8. Confidentiality

8.1. We will keep any information (including your *account* details) in your direct debit confidential. We 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.

8.2. We will only disclose information that we have about *you*:

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

9. Notice

9.1. If *you* wish to notify *us* in writing about anything relating to this agreement, *you* should write to:

The Accounts Team
MedAdvisor International Pty Ltd
Suite 2, Level 7, 500 Bourke Street
Melbourne VIC 3000

9.2. We will notify *you* by sending a notice by email or by ordinary post to the address *you* have given *us* in the *direct debit request*.

9.3. Any notice will be deemed to have been received the same business day it is emailed to *you* and four business days after it is posted to *you*.