



COMPLETE ONLINE AT www.capitalguardians.com > "Registration" button top right of homepage

Or fax / email this form to FAX (03) 8677 9255 / EMAIL customer@capitalguardians.com

Account / Resident Name* _____

(preferred method of ensuring a minimum balance of funds held in account)

Residential Facility Name*
Suburb State

Direct Debit Bank details
Name/s on account
BSB number (Must be 6 Digits)
Account number

Primary contact name* 2nd contact name (optional)
Email* Email*
Address Address
City State Postcode City State Postcode
Telephone Secondary contact phone
Mobile*

The direct debit will be: \$100 \$200 \$300 \$400 Other \$

A direct debit is taken if the balance falls below \$50 \$100 \$150 (pharmacy) \$200 Other \$
(if selecting "Other", the direct debit needs to be greater than the minimum balance, above, that triggers a direct debit)

Providers of goods and services paid personally (excludes items paid by facility covered by care fees or agreement)

Facility reimbursements (ie outings, cafe, clothing, gifts, etc)
Taxi card if require regular transport

Please cross out providers you want to exclude from the initial set up, otherwise all providers at the facility will be connected if personal (can be disconnected anytime).

Table with 2 columns: Hairdressing / Beautician / Massage, Dry Cleaning / Clothing / Deliveries, Pharmacy, Newsagent, Allied health: (Podiatrist, Physio, Dietician; Hearing, Optical)

Statements

Statements are free and available at www.capitalguardians.com at any time. If you require a statement printed and posted to your address, this will cost \$7 per month. Please tick

Agreement

- The Customer will ensure that the trust account always has a positive financial balance, by having monies available for direct debit or by sending money electronically, referencing the client name to BSB: 033305 Acc: 550055. There is no interest payable on the account in respect of monies deposited.
The Customer agrees that they are responsible for account vendor expenses and are encouraged to review expenses and bring up any expense disputes within four weeks of the expenditure by contacting the provider and Capital Guardians ("CG").
If CG is liable to pay goods and services tax ("GST") on their fee or any account vendor expenses, you agree to pay CG an amount equal to the GST payable.
The Customer authorises CG to arrange, through it's own financial institution, a debit to the nominated account the amount CG has deemed payable. You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification writing to our email address below. If you believe that there has been an error in debiting your account, you should notify us as soon as possible so that we can quickly resolve your query.
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 a \$9.90 fee representing what has been 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.
We will keep information confidential and only disclose to the extent required by law and for the purposes of this agreement and facilitating your transactions. This includes providing your contact details to providers who are connected to the account and providing transaction details to the Residential Facility named.
CG guarantees to refund unspent money on request within 2 weeks (process gives a week's notice to providers for final invoices). If we are unable to refund after 4 weeks of failed contact attempts, \$100 is forfeited. Unclaimed balances are sent to the relevant State Government's "unclaimed monies".
CG operates under AFSL 504332 and holds Professional Indemnity insurance over monies held. Four week's written notice must be given if there is any change in these terms.

Signed Name (Please Print) Role Date

Individual / Representative

p: 03 9005 5711 (Vic), 02 8005 5712 (NSW & ACT), 07 3102 5712 (QLD & NT); 08 9467 7372 (SA & WA) fax (03) 8677 9255; e: customer@capitalguardians.com
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