CAPITAL GUARDIANS

Client Profile and Direct Debit Agreement

COMPLETED FORM TO BE FAXED TO (03) 8677 9255 or EMAIL customer@capitalguardians.com

Name _____ **DOB:** _____

Community (approved provider) name _____

Start date for package: _____

Email* _____

Home Address _____

City _____ State _____ Postcode _____

Telephone/s _____ _____

Fee payment, fortnightly in advance

Consumer daily fee $ _____

Means tested daily care fee $ _____

Total direct debit (sum) $ _____

_____
Account name for direct debit

|___|___|___| - |___|___|___|
BSB number

|___|___|___|___|___|___|___|___|___|
Account number

Optional Representative name _____

Email* _____

Address _____

City _____ State _____ Postcode _____

Phone _____

Emails are required for online access to view statements.

*The Optional Representative is any individual who has a formal role in the decision making, including approving the care plan budget. Both the Primary and Additional Representative will have online access to view (read only) the home care package income and expenditures.

Administration fee (monthly) $

Case management fee (monthly) $

Agreement

- Capital Guardians ("CG") receives all invoices from suppliers and ensures they are immediately represented in the account.
- CG will ensure that trust account transactions are viewable 24hrs, 365 days per year, and that all deposits will be recognised within two working days of deposit.
- The Customer authorises CG to arrange, through its own financial institution, a debit to the nominated account, where provided above, 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 resolve your query quickly.
- 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.

★Signed	Name (Please Print)	Relationship	Date
_____	_____	_____	_____

Individual / Representative