

Registered Exercise Facility Monthly Payments Guide

For monthly payments, the annual fee is the equivalent of the standard facility registration fee divided by 12. There is no additional cost for paying monthly, other than standard default and collection costs should payments be missed. Please read the monthly payment agreement carefully before signing.

INSTRUCTIONS

- (1) On the monthly payment agreement form(see over page) please write in the Summary Box the **Registration Charge** applicable for your facility size.
- (2) Please calculate and write the **Total Per Month** in the summary box.
- (3) Please carefully read the agreement.
- (4) Please complete the facility name details and sign the agreement.
- (5) Please complete the attached Direct Debit form (also available for download from the REPs web site).
- (6) Once completed, please return to REPs by post:
 - the Monthly Payment Agreement
 - the original completed DD form (we are unable to load photocopied DD forms)
 - the application to be a REPs Registered Exercise Facility
- (7) Please post all of the documents to:

REPs
P O Box 22374
CHRISTCHURCH 8142

If you have ANY questions please, call REPs on 0800-55-44-99

REPs Registered Exercise Facility Monthly Payment Agreement

PLEASE READ CAREFULLY

PAYMENTS AND RENEWAL

In exchange for REPs Registered Exercise Facility registration, We agree to make the payments, as shown in the "Summary Box".

- **This agreement initially runs for 12 months from 1 October 2009 to 30 September 2010 and cannot be cancelled during this initial term.**
- The registration of the facility will automatically renew on the 30th of September each year. Should the facility not wish to renew, they will advise REPs in writing 90 days before the renewal date. Unless this notice is received, registration will renew and continue each year for a further 12 months (including payment and agreement to these terms).
- The monthly payment (see Summary Box) will be paid by direct debit (DD) on the 1st business day of every month commencing immediately.
- REPs may process any DD on or after the date due, but not before.
- All payments under this agreement must be made by DD.

SUMMARY BOX

Annual Registered Exercise Facility Fee Due (inc GST)

(Based on number of exercise professionals operating from the facility)

9 or less	\$219.38
10-14	\$331.88
15 or more	\$556.88

Annual Facility Fee \$ _____

Regular Monthly Payments

(Annual Facility Fee above divided by 12)

Total Per Month : \$ _____

MISSED PAYMENTS

- A missed payment fee of \$15 applies whenever a DD payment is missed (dishonoured, not made, or in default). When a DD is missed, \$15 will be added to the amount due, and a DD re-processed at anytime during the current or future months. Each & every time a re-processed DD is missed, a further \$15 is added to the amount due.
- REPs may re-process payments as often as necessary until payment is made. Each time re-processing occurs notification will be given by email to the address supplied by the facility registered.
- In all cases, any overdue amount (plus any missed payment fees) will be added to the next DD.
- If any payment is overdue by more than two months, then all monthly payments up to 30 September (each facility registration year runs 1 October to 30 September) will become immediately due, and all these payments will be treated as in default/missed (and the extra \$15 per payment added). This total amount now due, plus debt collection agency costs (of up to 30% of the amount due) will be referred to a debt collection agency for name rating and recovery action.
- Debts at a collection agency may be charged an additional monthly fee of 2% of the balance due.
- Should a Registered Exercise Facility be sent to a collection agency for default of payment, they will continue to be regarded as registered until 30 September of the current registration year.

I agree to all the terms and conditions of this agreement. A copy of this agreement will be sent once processed. Additional copies of this agreement can be emailed at any time on request.

Facility Trading Name: _____

Facility Legal Entity Name: _____
(Company name, Partnership name, or owners names if not a registered company)

Name: _____ Signed: _____ Date: / /



NAME OF ACCOUNT:

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

CUSTOMER (Acceptor) TO COMPLETE BANK/BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED.

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Bank	Branch Number		Account Number	Suffix																			

Authorisation Code

0	3	1	2	8	7	3
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 (User Number)

TO: The Manager, (Please Print Full Postal Address Clearly for Window envelope)

BANK	
BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

DATE: _____

I/We authorise you until further notice in writing to debit my/our account with you all amounts which -

NZ Register of Exercise Professionals Limited

(hereinafter referred to as the Initiator)

the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT (TO BE COMPLETED BY INITIATOR).

Payer Particulars	Payer Code	Payer Reference

NAME OF ACCOUNT - CUSTOMER TO COMPLETE

AUTHORISED SIGNATURE(S)

APPROVED <u>1287</u> 08/05	FOR BANK USE ONLY: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Date Received:</td> <td style="width: 33%;">Recorded By:</td> <td style="width: 33%;">Checked By:</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Date Received:	Recorded By:	Checked By:				BANK STAMP <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Date Received:	Recorded By:	Checked By:						
Original Copy	-Retain at Branch -Forward to initiator if requested							

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator:

- (a) Will not initiate a direct debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the Initiator of each amount to be debited from my/our account.
- (b) Has agreed to send notice of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1 (a) but no later than the date the Direct Debit will be initiated. This notice must be provided either:
 - (i) in writing; or
 - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator

The notice will include the following message:- "The amount \$....., was direct debited to your Bank account on (initiating date)."

- (c) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

2. The Customer may:-

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank **prior** to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. The Customer acknowledges that:-

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lies between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility in respect of:
 - the accuracy of information about Direct Debits on Bank statements
 - any variations between notices given by the Initiator and the amounts of Direct Debits
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. The Bank may:-

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

Guide to Completing the Direct Debit Form

Write your name, as it shows on your bank statement here

NAME OF ACCOUNT: Eg. *John D Smith*

Copy your account number to these boxes.

You can find your account number on Internet banking, on a Bank Statement, or by calling your bank.

NOTE: EFTPOS/Cashflow/ATM cards numbers ARE NOT the same as bank account numbers. Please consult the table below for assistance

CUSTOMER (Acceptor) TO COMPLETE BANK / BRANCH NUMBER & ACCOUNT NUMBER & SUFFIX OF ACCOUNT TO BE DEBITED.

0	6	0	8	0	2	0	1	8	4	4	6	4	-	0	1
Bank Branch Number					Account Number					Suffix					

TO: The Manager, (Please Print Full Postal Address Clearly for Window envelope)

BANK	Eg. <i>National Bank, High St Branch</i>
BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	Eg. <i>Christchurch</i>

DATE: eg. *15/9/05*

Write Today's Date here

NAME OF ACCOUNT - CUSTOMER TO COMPLETE

John D Smith

Write your name here

AUTHORISED SIGNATURE(S)

John D Smith

Sign here

The prefix (first two numbers of your "Account Number") should match with those below. If you don't know what your account number is, please call your bank.

Prefix	Bank Name	Banks Contact Phone
01	ANZ	0800 103 123
02	BNZ	0800 240 000
03	WESTPAC	0800 400 600
06	National Bank	0800 18 18 18
11	ANZ/Postbank	0800 103 123
12	ASB	0800 803 804
15	TSB	0508 872 226
30	HSBC	09 918 8688
38	KiwiBank	
02	PSIS	0800 807 747

The prefix is the first two numbers of your bank account. If you bank is not listed above then they may not allow direct debits. Please contact them for more details.

Any Questions? Call REPs on 0800 55 44 99