

# Registered Exercise Professional

## Monthly Payments Guide 2016-2017

12 Month Registration fees. Pay monthly at no additional cost!

For monthly payments, the annual fee is the equivalent of the standard registration fee divided by 12 plus any application fee payable. This means those that miss a payment need to cover the cost of all the work involved in collecting payments. There are extra fees for those that miss payments (but no extra for those that don't). Please read the monthly payment agreement carefully before signing.

### INSTRUCTIONS

- (1) On the **Monthly Payment Agreement** (see over page) please write in the Summary Box the **Registration Fee** from the table below.  
Add the figures together and write the **Total Per Month** in the summary box.
- (2) Carefully read the agreement.
- (3) Sign the agreement.
- (4) Please complete the attached Direct Debit (DD) form. If you have been paying by Direct Debit during the 2015-2016 registration year, then you only need to fill out the **Monthly Payments Agreement**.
- (5) Please return these forms by post to REPs (PO Box 22374, Christchurch 8140) . The original needs to be posted as the banks don't accept copies, faxed or scanned DD forms.

### Registration Fees (including gst)

| Registration Level                         | Fee for applications<br>Plus application fee where applicable* |   |
|--|--|---|
|  | Registration Fee if at a<br>registered facility                | Registration Fee if NOT<br>at a registered facility |
| Group Exercise or Exercise Assistant       | \$5.75   | \$9.60  |
| Group Exercise Pre Choreography Contractor | \$11.50  | \$15.25   |
| Group Exercise Own Choreography Contractor | \$12.25  | \$16.15   |
| Exercise Consultant (Level I or II)        | \$9.60   | \$15.65   |
| Personal Trainer (Employee)                | \$15.65  | Not Available                                       |
| Personal Trainer (Contractor)              | \$24.40  | \$34.30   |

\* Where this is my first time registering, or my registration has expired, an application fee of \$57.50 is added to the initial payment.

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

# REPs Registration Monthly Payments Agreement

## PLEASE READ CAREFULLY

### PAYMENTS

In exchange for REPs Registration for a 12 month initial term, I agree to make the payments, as shown in the "**Summary Box**".

- **This agreement starts when signed (date below), and continues for 12 months, and cannot be cancelled during this term.**
- Direct Debit (DD) payments are due the 1<sup>st</sup> 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.

### MISSED PAYMENTS

- A missed payment fee of \$15 applies whenever a Direct Debit (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 individual 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 the end of my 12 month initial term 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 35% 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 I be sent to a collection agency for default of payment, I will continue to be regarded as registered until the end of my 12 month initial term, but recorded as a defaulting payer on all REPs records, including the databases accessible to the public and employers. If payment is still overdue at the end of my 12 month initial term, then I will be struck off the register, and recorded as such. In such cases, I understand I will not be allowed to re-register until all overdue amounts are paid in full.

### SUMMARY BOX

**This agreement can not be cancelled and remains in place for 12 months.**

#### MONTHLY PAYMENTS

Registration Fee \$ \_\_\_\_\_

**Total Per Month:** \$ \_\_\_\_\_

In addition, where this is my first time registering, or my registration has expired, an application fee of \$57.50 is added to the initial payment.

### IMPORTANT:

- **All payments will be processed on the 1<sup>st</sup> weekday of each month.**
- **If registering for the 1<sup>st</sup> time or re-registering after 1 October a \$57.50 application fee will be added to your 1<sup>st</sup> months fee.**
- **Your Direct Debit can not be cancelled during the first 12 months(unless paid in full)**

**I agree to all the terms and conditions on this form. A copy of this agreement will be sent to you once processed.**

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.

|                      |                      |                      |                      |                      |                      |                      |                      |   |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank                 | Branch Number        |                      | Account Number       |                      |                      |                      |                      |   | Suffix               |                      |                      |

Authorisation Code

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 0 | 3 | 1 | 2 | 8 | 7 | 3 |
|---|---|---|---|---|---|---|

(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      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

NAME OF ACCOUNT - CUSTOMER TO COMPLETE

\_\_\_\_\_

\_\_\_\_\_

AUTHORISED SIGNATURE(S)

|  |                       |                     |                                    |            |
|--|-----------------------|---------------------|------------------------------------|------------|
| <p>APPROVED</p> <p><b>1287</b></p> <p><b>08/05</b></p> | FOR BANK USE ONLY:    |                     |                                    | BANK STAMP |
|  | <p>Date Received:</p> | <p>Recorded By:</p> | <p>Checked By:</p>                 |            |
|  | 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.