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Capoeira Nickname: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (Mob.) \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Details**

<b>First Debit Date:</b> _____	<input type="checkbox"/> For a minimum of (#) _____ payments	<b>Payments:</b>
<b>First Debit:</b> \$ _____		<input type="checkbox"/> Monthly
<b>Regular Debit:</b> \$ _____	<input type="checkbox"/> Until a maximum of \$ _____ is collected	Training Days _____

This is a \_\_\_\_\_ contract. Cancellation fee is 35% of remaining balance (takes 14 days to process) & holding fee is \$25/month with a 2 Month limit. Uniform is mandatory and not included in monthly fee.

**Fees / Charges**

<b>Setup Fee</b> Nil	<b>Direct Debit Fee:</b> \$0.88 <input type="checkbox"/>	<b>Credit Card Fee:</b> \$0.88 + 1.8% (Visa & MCard) <input type="checkbox"/>
<b>Send SMS payment schedule reminders?</b>	<b>SMS Fee:</b> \$0.33 <input type="checkbox"/>	\$0.88 + 4.4% (Amex & Diners) <input type="checkbox"/>

**Payment Method**

BSB Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

NOTE – Direct Debit is not available on the full range of accounts – if in doubt please refer to your financial institution

VISA  MasterCard  AMEX  Diners

Card Number: \_\_\_\_\_ CCV Number \_\_\_\_\_  
 (Last 3 digits on back of card)

Expiry Date: \_\_\_\_ / \_\_\_\_ Card Holder Name: \_\_\_\_\_

NOTE: PEOPLEHUB will appear on your credit card statement

**Terms and Conditions**

I/We hereby authorise PeopleHub Pty Ltd to make periodic withdrawals from the financial institution specified above on behalf of the business as described above. (Hereafter referred to as "the business") The administration of this agreement is conducted by PeopleHub Pty Ltd acting as the billing agent for the Business. The services provided by PeopleHub Pty Ltd are administrative to the status of the Agreement and do not extend to the provision of any services or benefits of the Agreement as provided by the Business. This authority shall be interpreted and enforced pursuant to the laws of the state of Queensland. I/We request until further notice in writing to direct debit my/our account described above, any amounts which PeopleHub Pty Ltd, **User ID 372248**, may debit or charge me / us through the PeopleHub system.

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payments by it if any monies pursuant to this request or any other authority or mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me / us terminate this request as to future debits.
3. The user may, by prior arrangement and advice to me / we vary the amount or frequency of future debits.
4. You are advised to verify account details against a recent bank statement and if uncertain you should contact your financial institution.
5. It is your responsibility to ensure that you have sufficient clear funds in your nominated account to enable the direct debit to be honoured by your financial institution. Direct debits normally occur overnight; however transactions can take up to three (3) days depending on your financial institution.
6. Any dispute arising from this or subsequent direct debits will be in the first instance directed to the business or PeopleHub Pty Ltd. If no resolution is forthcoming you are advised to contact your financial institution.
7. We will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made in it relating to an alleged incorrect or wrongful debt, or otherwise required by law.
8. By signing this form I/We agree to give 14 working days notice of cancellation in writing to the business.
9. I/We authorise the Debit User to verify the details of the abovementioned account with my/our Financial Institution.
10. I/We authorise the Financial Institution to release information allowing the Debit User to verify the above mentioned account details.

**Acknowledgement & Release**

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Capoeira Academy, their representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of, or in connection with my taking part in Martial Art, Dance, Workout & Music Classes, or any activity at or affiliated with the Capoeira Academy, Please note: Participants must supply their own protective equipment. The undersigned acknowledges that:

He/She confirms that there were no verbal presentations other than those specified in this agreement.

He/She may be photographed or filmed while attending at the premises of Capoeira Academy and he/she gives permission to Capoeira Academy, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.

The waiver was read and he/she agrees to abide by it.

**This authority is to remain in force in accordance with the terms and conditions as described on this page, and I have read and understand the same.**

Signatory of Nominated Account

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature (if participant is under 19 years of age)

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_