

# THE URBAN ALCHEMIST

357 Nicholson Street, Carlton North Vic 3054

## Massage Membership Application Form



Name		Date of birth	
Address			
Phone (h)		Phone (m)	
Email			
How did you hear about Massage Membership		Would you like to receive our season newsletter and other special offers	<input type="checkbox"/> yes <input type="checkbox"/> no

## Terms & Conditions

### Massage Membership

Massage Membership is offered by The Urban Alchemist (ABN 57 165 922 047), 357 Nicholson Street, Carlton North.

### About your membership

Your Massage Membership entitles you to one (1) 60-minute massage each calendar month at the discounted price of \$84.95 effective from the payment of your first installment. Memberships are on a month-by-month basis and not for a fixed term. Your membership becomes effective once we accept your signed agreement and your first payment has been received. This will occur in approximately 24 hours of application. A credit of \$84.95 will be added to your client account at The Urban Alchemist and must be redeemed within six (6) weeks of the account credit. Credits must be redeemed by the member only and are not transferrable to another client. At the time of membership application, you may purchase unlimited discounted massages before your first debit. Once membership is effective, unlimited additional massages may be purchased at the rate of \$84.95 for your exclusive use only. Additional purchased massages must be redeemed within six (6) weeks of purchase.

### Our responsibilities

The Urban Alchemist reserves its right to enforce the terms and conditions of this agreement. The Urban Alchemist also reserves the right to temporarily suspend or cancel Massage Membership operations at its discretion.

### Your responsibilities

You are responsible for the payment of membership fees. You must advise us of any issue that may affect your payments, including changes to your contact information and bank details. Ezidebit will charge you a \$9.90 dishonour fee, should you not have sufficient fees in your account. Ezidebit also charge The Urban Alchemist a small fee in the instance that a client's payment is dishonoured. The Urban Alchemist will on-charge the client this fee by reducing the amount credited to your account. Please note, the average dishonor fee charged to The Urban Alchemist is \$4.50.

## Terms and Conditions

From time to time, we may add, change or remove terms and conditions. We may also change clinic opening and closing hours, session times, practitioner availability, facilities and fees. The most up-to-date terms and conditions always apply. You may request a copy of up-to-date terms and conditions from The Urban Alchemist, 357 Nicholson Street, Carlton North. We will provide you with at least 28 days notice of any changes to our terms and conditions. Copies of the latest terms and conditions will be available via a notice at The Urban Alchemist, our website [www.theurbanalchemist.com.au](http://www.theurbanalchemist.com.au) or by request. If we suspend our Massage Membership operations or services, temporarily or permanently, we will advise you via email or post.

## Membership fees

Membership will be suspended or cancelled should fees not be paid by the due date. Ezidebit's terms and conditions regarding payment, late payment and non-payment will be applied and are attached to your application.

## Paying membership fees upfront

You may request to pay a minimum upfront six-monthly or yearly membership in preference to direct debit. Fees will be paid directly to The Urban Alchemist. Please see our staff for information.

## Private health insurance claims

Once you have received your massage, The Urban Alchemist will provide you with a written receipt, which allows claiming through your private health insurer (if applicable).

## Cancelling your membership

Membership may be cancelled by emailing [reception@theurbanalchemist.com.au](mailto:reception@theurbanalchemist.com.au) by writing to The Urban Alchemist, 357 Nicholson Street, Carlton North. Members will be issued with written confirmation of cancelled membership. Membership must be cancelled at least one business day prior to the next scheduled payment.

## Querying a payment

To query a payment, please call or email us. We will endeavor to address your concern within 5 business days. If your enquiry relates to an issue with your bank, you will be directed to contact your financial institution.

## Notification of price increase

We reserve the right to increase your fees at any time after the minimum period of your agreement has ended. We will make a reasonable effort to inform you at least 28 days prior to change by writing to the address provided to us, which may also be an email address. We will consider that you have received our letter or email on the second business day after notification has been sent.

## Authorizing an increase in fees

Where we have made a reasonable effort to advise you of fee increase, you authorize us to increase payments from your nominated account.

## Cancelling if changes to our terms & conditions adversely affect you

You may cancel your membership at any time should changes or additions to these terms and conditions adversely affect you. You may also cancel your membership if The Urban Alchemist breaches its obligations and we do not fix the breach within 14 days of your written notice. Membership fees paid from the date of notification will be refunded should The Urban Alchemist decide not to remedy the breach.

## Privacy policy

During your membership, we will have access to personal information about you, such as about your health and financial situation. We will only use, disclose or deal with your information in line with our privacy policy. This Privacy Policy applies to services offered by The Urban Alchemist (ABN 57 165 922 047). For full details of our Privacy Policy, please refer to our website.

**I have read the information. By signing this document, I agree to the Terms and Conditions as outlined above.**

Name		Date	
Signature			



THE URBAN ALCHEMIST  
HOLISTIC MEDICAL & WELLNESS CLINIC  
(03) 9347 9247



ACN 096 902 813 | AFSL 315388

## DIRECT DEBIT REQUEST

Ph: 3 9347 9247 Fax: 3 9923 6207  
ABN/ACN: 57 165 922 047

## NEW CUSTOMER FORM

YOUR DETAILS		Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD	
Business:	The Urban Alchemist Pty Ltd	ABN/ACN: 57 165 922 047	100-299-885
Customer Reference:			
* Surname:		* Given Name:	
* Mobile #:			
* Email:			
* Address:			
* Suburb:		* State:	
		* Postcode:	

DEBIT ARRANGEMENT		Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit	
<input type="checkbox"/> Once Only Debit	On Date:		Debit this amount: \$
		D D / M M / Y Y	
<input type="checkbox"/> Regular Debits	Starting on Date:		Debit this amount: \$
		D D / M M / Y Y	
Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> 4 Weekly	
Duration:	<input type="checkbox"/> Continue regular debits until further notice (Minimum of      Debits)		
Administration Fee (once only) up to:	Paid By Business	Bank Account Transaction Fee:	Paid By Business
		Credit Card Transaction Fee:	VISA/Mastercard: Paid By Business AMEX/Diners: Paid By Business

CHOOSE YOUR PAYMENT METHOD	
<input type="checkbox"/> Debit from Credit Card	
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners
Card Number:	
	Expiry Date:
	M M / Y Y
Name of Cardholder:	
By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.	
<input type="checkbox"/> Debit from Bank, Building Society or Credit Union Account	
Financial Institution:	Branch:
BSB Number:	Account Number:
Account Holder Name:	
I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.6) provided.	

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.6) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <a href="http://www.ezidebit.com.au/privacy-policy/">http://www.ezidebit.com.au/privacy-policy/</a>	
Signature(s) of Nominated Account:	Date:
	D D / M M / Y Y
DDR Service Agreement (Ver 1.6)	