

## Application for Enhanced Monitoring

Office Use Only	Sales Person:	Promotion Code:
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### SECTION 1: Choose your plan

*I am already a customer on a Bundle, Home Phone, Home Broadband or Foxtel from Aveo Connect service*

\$20 per month on a 12 Month Contract, \$99 set up fee

*I am not already a customer on one of those Aveo Connect services*

RENTAL PLAN, \$35 per month on a 12 Month Contract, \$0 set up fee

PAY UPFRONT PLAN, \$20 per month on a 12 Month Contract, \$500 set up fee

*Enhanced Monitoring from Aveo Connect is included in my General Services Charges*

Included in your General Services Charges

***Signature of Authorised Sales Person is required below to validate that Enhanced Monitoring from Aveo Connect is included in the General Services Charges at this village.***

Name of Authorised Sales Person: \_\_\_\_\_

Signature of Authorised Sales Person: \_\_\_\_\_

**IF YOU ARE AN EXISTING AVEO CONNECT CUSTOMER, GO TO SECTION 6**

**IF YOU ARE NOT AN EXISTING AVEO CONNECT CUSTOMER, COMPLETE ALL SECTIONS BELOW**

**PLEASE PRINT & COMPLETE ALL INFORMATION AS CLEARLY AS POSSIBLE**

### SECTION 2: Tell us who is the Primary Account Holder

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address for delivery of AveoConnect services – Unit/Villa/Serviced Apartment number: \_\_\_\_\_

Village Name: \_\_\_\_\_

Please tick your preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ eMail address : \_\_\_\_\_

### Member and Support Portal Websites

Please nominate your preferred password with at least 6 characters containing both letters and numbers.

Portal password: \_\_\_\_\_

*AveoConnect provides both a Member Portal to manage your account plus a Support Portal with an extensive Knowledge Base.. Your email above will be used as your log-in username.*

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### SECTION 3: Tell us who is the Billing Contact

Same as Primary Account Holder

I nominate the person below

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

eMail address : \_\_\_\_\_

*Invoices are emailed monthly, please refer to Section 1 for more information.*

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### SECTION 4: Tell us if you want a Secondary (Authorised) Account Contact

If not, go to Section 5.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Postal Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ eMail address : \_\_\_\_\_

Does this person live with you?  Yes  No

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**SECTION 5: Payment Options** (skip this section if Enhanced Monitoring from Aveo Connect is included in your General Services Charges at your village.)

**Option 1: Credit Card Direct Debit**



Card Type: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

*I/we authorise Ezidebit, acting on behalf of AveoConnect, 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.*

**Option 2: Bank Account Direct Debit**



Bank/Society Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

*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.*

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Option 3: BPAY**



No queues, no cheques, no waiting. BPAY enables payments to be made through your financial institution's online, mobile or telephone banking facility 24 hours a day.

**Please note that we do not accept payment by cash, cheque or Australia Post Billpay.**

**DDR Service Agreement**

I/We hereby authorise Aveo Connect Pty Ltd ACN 609 081 156 or their agent Ezidebit Pty Ltd ACN 096 902 813 ("Ezidebit") (Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198) to make periodic debits on behalf of Aveo Connect as indicated on the attached Direct Debit Request.

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for Aveo Connect and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for Aveo Connect pursuant to the Direct Debit Request) and has no express or implied liability in regards to the goods and services provided by Aveo Connect or the terms and conditions of any agreement that I/We have with Aveo Connect.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with Aveo Connect and the terms and conditions of this Direct Debit Request & Credit Card Authority.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/We acknowledge that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available I/We agree that Aveo Connect / Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:

- 1) There is a public or bank holiday on the day of the debit, or any day after the debit date;
- 2) A payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
- 3) A payment request is received after normal Ezidebit cut off times, being 4:00 PM Queensland time, Monday to Friday.

Any payment that fall due on any of the above will be processed on the next business day.

I/We acknowledge Aveo Connect / Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and Aveo Connect as provided for within my/our agreement with Aveo Connect/ I/We authorise Aveo Connect / Ezidebit to vary the amount of the payment upon receiving instruction from Aveo Connect of the agreed variations. I/We do not require Aveo Connect / Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 7 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request & Credit Card Authority including varying any of the terms of the debit arrangements between us. I/We acknowledge that any request by me/us to stop or cancel or suspend the debit arrangement will be directed to Aveo Connect in writing and may result in Aveo Connect suspending my Services if payment is not made using another method by the due date of the Invoice.

I/We acknowledge that any disputed debit payments will be directed to Aveo Connect and/or Ezidebit. If no resolution is forthcoming, I/We agree to contact my/our financial institution. I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee is payable by me/us to Aveo Connect / Ezidebit. I/We will also be responsible for any fees and charges applied by my financial institution for each unsuccessful debit attempt together with any collection fees including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Aveo Connect / Ezidebit to attempt to re-process any unsuccessful payment as advised by Aveo Connect.

You appoint Aveo Connect and Ezidebit jointly and severally as your exclusive agent with regard to the control, management and protection of your personal information (relating to Aveo Connect and contained in this DDR Service Agreement). You irrevocably authorise Aveo Connect / Ezidebit to take all necessary action (which we deem necessary) to protect your personal information, including (but not limited to) prohibiting the release to or access by third parties without your consent.

You hereby irrevocably authorise, direct and instruct any third party who hold/stores/keeps your personal information (relating to Aveo Connect and contained in this DDR Service Agreement) to release and provide such information to Aveo Connect / Ezidebit on our written request.

#### **Credit Card Payments**

I/We acknowledge that Aveo Connect may use multiple providers for services and that if Aveo Connect use Ezidebit, "Ezidebit" will appear as the merchant for payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non-supply of goods and/or services and that all disputes will be directed to Aveo Connect as Ezidebit is only acting as an Agent for Aveo Connect.

Aveo Connect / Ezidebit 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 relating to an alleged incorrect or wrongful debit, or as otherwise required by law. A copy of Ezidebit's Privacy Policy can be downloaded at [www.ezidebit.com/au/privacy-policy](http://www.ezidebit.com/au/privacy-policy)

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, as provided by Aveo Connect and as amended / updated from time to time by Aveo Connect.

#### **Direct Debit and Credit Card Terms and Conditions**

I/We ("Client") authorise and request Aveo Connect Pty Ltd ACN 609 081 156 or their agent Ezidebit Pty Ltd ACN 096 902 813 ("Ezidebit") to debit payments from my/our account or credit card, as specified in the signed authority below, all amounts for which the Client may become liable under any Contract or Agreement with Aveo Connect or its related bodies corporate. These amounts will be deducted on or about the due date of the invoice for the full outstanding amount of the invoice.

The Client acknowledges and agrees that:

- The amount charged will vary from Period to Period and will be defined on the invoices issued by Aveo Connect;
- Aveo Connect will apply the Direct Debit or Credit Card Processing Fee (as advised by Aveo Connect from time to time) to the Client account and will provide the Client with a Tax Invoice for this amount;
- A declined direct debit or credit card transaction may result in:
  - Declined payment charges and interest being applied for the overdue amount;
  - Suspension or termination of some or all of the Services of the Client; and
  - Aveo Connect invoking any Security available to Aveo Connect.
- The Client must not attempt to invalidate a charge properly incurred by the Client in accordance with the Agreement with Aveo Connect.
- The Client accepts the terms of the DDR Service Agreement.

I/We authorise:

- a) Aveo Connect / Ezidebit to verify details of my/our account with my/our financial institution; and
- b) My/our financial institution to release information allowing Aveo Connect / Ezidebit to verify my/our account details.

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## SECTION 6: Resident Medical & Emergency Contact Details

The Enhanced Monitoring Device installed in your home is fitted with a thirty-six hour battery back-up, giving you peace of mind in the event of power failure to your home. Please supply the details for each resident in your home below.

### Resident 1 (Account Holder) Details:

#### Medical Details (please indicate all that apply)

Weight Range      up to 70kg       71kg to 100kg       above 100kg

Blood Pressure      Normal       Low       High       Fluctuates

Diabetes      Type 1       Type 2

Epilepsy       Asthma       History of falls       History of Stroke       Blood Thinners

Mobility Problems      Arthritis       Walking Stick       Walking Frame       Wheelchair

Allergies (specify): \_\_\_\_\_

Heart Problems (specify): \_\_\_\_\_

Breathing Problems (specify): \_\_\_\_\_

Life dependent medications (specify): \_\_\_\_\_

Other conditions (specify) : \_\_\_\_\_

Ambulance Cover      Yes       No

Name of Doctor (optional): \_\_\_\_\_

Contact phone number of Doctor: (\_\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Hidden Key Safe:

Does your Unit/Villa/Service Apartment have a Hidden Key:      Yes       No

Location: \_\_\_\_\_

Key safe code Emergency Services access (if applicable): \_\_\_\_\_

**Resident 2 Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Is this the same person nominated as the as the Secondary Contact on your account?

Yes  No

Is this person your spouse?

Yes  No

**Medical Details (please indicate all that apply)**

Weight Range up to 70kg  71kg to 100kg  above 100kg

Blood Pressure Normal  Low  High  Fluctuates

Diabetes Type 1  Type 2

Epilepsy  Asthma  History of falls  History of Stroke  Blood Thinners

Mobility Problems Arthritis  Walking Stick  Walking Frame  Wheelchair

Allergies (specify): \_\_\_\_\_

Heart Problems (specify): \_\_\_\_\_

Breathing Problems (specify): \_\_\_\_\_

Life dependent medications (specify): \_\_\_\_\_

Other conditions (specify) : \_\_\_\_\_

Ambulance Cover Yes  No

Name of Doctor (optional): \_\_\_\_\_

Contact phone number of Doctor: (\_\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

## Emergency Contacts (please complete)

Please list details of people who have agreed to be contacted in the event you require assistance. Remember your nominated contacts should live within a reasonable distance, have a telephone and will be willing to respond in the event of an emergency if requested/required. **An Ambulance will be called if we cannot contact you or any of your nominated contacts.**

**1:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please tick their gender: Male  Female  Next of Kin: Yes  No

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

What is their relationship to the you: \_\_\_\_\_

Other details: \_\_\_\_\_

**2:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please tick their gender: Male  Female  Next of Kin: Yes  No

What is their travel time to your Unit/Villa/Serviced Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

What is their relationship to the you: \_\_\_\_\_

Other details: \_\_\_\_\_

**3:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please tick their gender: Male  Female  Next of Kin: Yes  No

What is their travel time to your Unit/Villa/Service Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

What is their relationship to the you: \_\_\_\_\_

Other details: \_\_\_\_\_

**4:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Please tick their preferred contact number

Mobile Phone Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Please tick their gender: Male  Female  Next of Kin: Yes  No

What is their travel time to your Unit/Villa/Service Apartment in minutes: \_\_\_\_\_

Do they have an access key to your home: Yes  No  Knows key hide

What is their relationship to the you: \_\_\_\_\_

Other details: \_\_\_\_\_

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**SECTION 7: Confirmation of Understanding**

**PLEASE INITIAL EACH ITEM AND SIGN AT THE END**

**Plan Basics:**

[ \_\_\_\_ ] My chosen plan and package is the one I selected on this Application Form. The set up fee, monthly subscription and contract term set out in this Application Form apply to this plan and package.

[ \_\_\_\_ ] I am aware that I will be charged upfront for set up fees in addition to the first month's subscription fee. I will then be billed one month in advance for monthly subscription fees.



[ \_\_\_\_ ] I understand that set up fees covers a standard installation. If I require a non-standard installation, for example additional cabling, additional fees may apply.

[ \_\_\_\_ ] I understand if I cancel before the end of my minimum contract period, early termination fees apply.

[ \_\_\_\_ ] I have read and understood the Critical Information Summary (CIS) which includes a description of the plan inclusions, exclusions, specific pricing conditions and other important information based on my selected plan. I am aware this can be viewed and downloaded via the AveoConnect Website at [www.AveoConnect.com.au](http://www.AveoConnect.com.au)

**Installation:**

[ \_\_\_\_ ] I acknowledge that, while every effort will be made to provision my service as quickly as possible, there may be a lead time of up to 4 weeks before my service will be active.

[ \_\_\_\_ ] I understand that service installations for my area are conducted in batches. If I am unavailable during the timeframe for my area the lead time may be extended.

[ \_\_\_\_ ] I understand that my application does not constitute a guarantee of service and that my home may be unserviceable for this product.

**Payment:**

[ \_\_\_\_ ] I understand that my payment options include direct debit, credit card and BPay. I cannot pay by cash or cheque.

[ \_\_\_\_ ] I understand that accounts paid by Visa or MasterCard credit card incur a surcharge of 2.0% (inc GST) and Diners or American Express credit cards incur a surcharge of 4.0% (inc GST).

[ \_\_\_\_ ] I understand that I may be charged a \$50 (inc GST) dishonour fee if my direct debit payment fails, and a \$16.50 (inc GST) late payment fee for overdue invoices.

[ \_\_\_\_ ] I understand that I will always be billed for monthly access 1 month ahead and calls and data use are calculated and billed in arrears.

[ \_\_\_\_ ] I understand if I require a paper bill, a monthly charge of \$2.20 (inc GST) will apply.

**Network and Service Features:**

[ \_\_\_\_ ] I understand that in the event of a power outage my AveoConnect services will not work, with the exception of a Home Monitoring Service.

[ \_\_\_\_ ] I understand that, as part of the ongoing maintenance of the Home Monitoring Service, I am required to activate EACH pendant monthly and check-in with the Emergency Response Centre. It is my responsibility to choose an easy to remember date such as a birth date to do this monthly.

[ \_\_\_\_ ] I understand that my service must not be used for any illegal activity.

**General:**

[ \_\_\_\_ ] I understand that the services are provided by Aveo Connect Pty Ltd. I understand that the equipment remains property of FOXTEL.

[ \_\_\_\_ ] It is important I regularly check my email for communication from AveoConnect. I understand this is how AveoConnect keeps me informed. For example, about my installation. Or about service or support issues I raise.

[ \_\_\_\_ ] I understand that I can log into [myaccount.aveoconnect.com.au](http://myaccount.aveoconnect.com.au) and check my usage, make payments, change personal details and add or change direct debit payment methods.

[ \_\_\_\_ ] I understand my username and password for logging into the Members Portal is set out in this sign-up application form. My log-in username is my email address and password is to what I have nominated.

**GENERAL TERMS AND CONDITIONS**

The General Terms and Conditions are set out in our Terms and Conditions at [www.AveoConnect.com.au](http://www.AveoConnect.com.au). The Critical Information Statement is also available at that address. Please read these carefully and ask us if you have any questions. The services provided under this Customer Contract are provided by Aveo Connect Pty Ltd ACN 609 081 156.

**PERSONAL EMERGENCY RESPONSE SERVICE AUTHORIZATION**

1. I acknowledge that the service is provided by agents, employees and contractors to Aveo Connect Pty Ltd. I agree that the acknowledgements, agreements and authorisations in this form apply for the benefit of the agents, employees and contractors to AveoConnect, and their agents, employees and contractors.
2. I authorise AveoConnect to call the Emergency Service (Ambulance, Fire or Police) on my behalf.
3. I hereby authorise the Emergency Service through its officers to enter my premises and to use any reasonable force necessary to effect such entry. In the event that such entry causes damage or loss I will not hold the Emergency Service liable for such damage or loss and I hereby indemnify AveoConnect in respect of any claim made against it by others in respect of such damage or loss.
4. I agree to, and am aware of, the recording of all incoming and outgoing telephone communications made to and from the Response Centre in relation to the provision of this service.
5. I acknowledge that AveoConnect will use or disclose my personal records only when it directly relates to my care or welfare and only then with my consent or as required by law.
6. I acknowledge that if there are two or more telephone sockets in my home that Safe Socket or Mode 3 wiring may be required to be installed. If the alarm is removed, I am responsible for the reversal of any Mode 3 wiring and any cost involved.
7. Where this alarm is rented, I acknowledge the alarm equipment remains the property of AveoConnect or its service providers and I will endeavor to maintain the equipment in good working order; and that when I no longer require the alarm, I or my representative will ensure the return of the alarm equipment to AveoConnect or its service provider.
8. I authorise the New Zealand associated entities of AveoConnect's service provider to hold a copy of my record for the purpose of providing continued service in the event of an emergency at the Australian Response Centre.
9. I acknowledge that the service provider is not responsible for any potential incompatibility of the alarm with my telephony service in the event that I change my telephony service from that which was connected when the alarm was first installed.

**Privacy statement:** AveoConnect assures you that your confidential personal information will only be used for the purpose for which you have provided it. It will not be provided to any person or agency without your consent or that of your legally designated representative. If you have any further queries or would like a copy of our privacy policy please contact your local village manager or email the Privacy Officer [privacy@aveoconnect.com.au](mailto:privacy@aveoconnect.com.au). Information collected on this form is to enable AveoConnect to provide a personal emergency response service. You are welcome to contact AveoConnect on phone 1300 851 496 to update your details at any time.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature:** \_\_\_\_\_

