

# Direct Debit Request



Member Number \_\_\_\_\_

Name (first name) \_\_\_\_\_ (surname) \_\_\_\_\_

## Request and Authority to debit the account named below to pay Health Partners contributions

I \_\_\_\_\_, request and authorise Health Partners ABN 43 128 282 904 (User ID 46575) to arrange, through its own financial institution, for any amount Health Partners may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to Health Partners, subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

### Payment Frequency

Direct Debit my account  Fortnightly (*Fridays only. Not available for Credit Card.*)

**OR**

1st  8th  15th  22nd

for the payment frequency  Monthly  Quarterly  Half yearly  Yearly

Please make the first deduction on \_\_\_\_/\_\_\_\_/\_\_\_\_

### Payment Details

Bank Account Details Name of Financial Institution \_\_\_\_\_  
Name of Branch \_\_\_\_\_  
Account in the name/s of \_\_\_\_\_  
BSB number \_\_\_\_ - \_\_\_\_ Account number \_\_\_\_\_  
Signature (*For joint accounts both to sign*) \_\_\_\_\_

**OR**

Credit Card Details (*Not available for fortnightly payments*)  
Type of Credit Card  MasterCard  Visa Card  Amex  Diners Club  
Name on Credit Card \_\_\_\_\_  
Card Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_  
Signature \_\_\_\_\_

### Your Authorisation

I have read and understand the Health Partners Direct Debit Request (DDR) Service Agreement. In the event of changes to my/our rates, level of cover, or arrears, I/we also authorise Health Partners to alter the amount of deductions from the appropriate date in accordance with such changes.

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Health Partners Main Member's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Direct Debit Service Agreement



## Definitions

*Account* means the *account* held at *your financial institution* from which we are authorised to arrange for funds to be debited.

*Agreement* means this Direct Debit Request Service Agreement between *you* and *us*.

*Banking day* means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

*Debit day* means the day on or about the day that payment by *you* to *us* is due.

*Debit payment* means a particular transaction where a debit is made.

*Direct debit request* means the Direct Debit Request between *us* and *you*.

*Us* or *we* means Health Partners Limited ABN 43 128 282 904 (ID 46575) *you* have authorised by signing a *direct debit request*.

*You* means the member who signed the *direct debit request*.

*Your financial institution* is the *financial institution* where *you* hold the *account* that *you* have authorised us to arrange to debit.

## 1. Debiting your account

- 1.1 By signing a *direct debit request*, *you* have authorised us to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2 We will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.
- 1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *business day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

## 2. Changes by us

- 2.1 We may vary any details of *this agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days' written notice.

## 3. Changes by you

- 3.1 Subject to 3.2 & 3.3 *you* may change the *arrangements* under a *direct debit request* by contacting *us* on 1300 113 113.
- 3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least fourteen (14) days before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your account* at any time by giving *us* fourteen (14) days notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

## 4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
  - a) *You* may be charged a fee and/or interest by *your financial institution*
  - b) *You* may also incur fees or charges imposed or incurred by *us*; and
  - c) *You* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that *we* can process the *debit payment*.

- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct
- 4.4 If Health Partners is liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then *you* agree to pay Health Partners on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## 5. Disputes

- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 1300 113 113 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly.
- 5.2 If *we* conclude as a result of *our* investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.
- 5.3 If *we* conclude as a result of *our* investigations that *your account* has not been correctly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.
- 5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.

## 6. Accounts

- 6.1 *You* should check:
  - a) With *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all *accounts* offered by *financial institutions*
  - b) *Your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
  - c) With *your financial institution* before completing the *direct debit request* if *you* have any queries about how to complete the *direct debit request*.

## 7. Confidentiality

- 7.1 We will keep any information (including *your account* details in *your direct debit request*) confidential. We will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information
- 7.2 We will only disclose information that *we* have about *you*:
  - a) To the extent specifically required by law; or
  - b) For the purpose of the *agreement* (including disclosing information in connection with any query or claim).

## 8. Notice

- 8.1 If *you* wish to notify *us* in writing about anything relating to this *agreement* *you* should write to Health Partners, GPO Box 1493, Adelaide, SA, 5001.
- 8.2 We will notify *you* by sending a notice in the ordinary post to the address *you* have given us in the *direct debit request*.
- 8.3 Any notice will be deemed to have been received three (3) banking days after it is posted.