

Direct Debit Request



Member number

Name (first name) (surname)

Address Postcode

Is this a corporate membership? Yes No Organisation name Staff/Member number

If you require further information on available corporate memberships please contact Member Care on 1300 113 113.

Request and authority to debit the account named below to pay Health Partners premiums

I, request and authorise Health Partners ABN 43 128 282 904 (User ID 46575) to arrange, through its own financial institution, for premium payments to be debited from the nominated account described in this direct debit request, through the Bulk Electronic Clearing and paid to Health Partners, subject to the terms and conditions of the DDRSA and further instructions provided below.

Payment Frequency

Direct Debit my account Fortnightly (Fridays only)
 Monthly 1st 8th 15th 22nd
 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

Type of credit card MasterCard Visa Card Expiry date / /

Name on credit card Signature

Card number

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Declaration

- I declare that I am the policyholder or authorised to sign this application as the legal representative or as a holder of a Delegation of Authority of the policy.
- I also understand that if the name on the nominated account differs from my own name, Health Partners are obligated to obtain authorisation from the account holder to use their account prior to any funds being debited.
Note: This account holder can also cancel these payments at any time by contacting Health Partners. Health Partners will then contact the policyholder to arrange an alternative payment method to ensure continuity of the membership.
- 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.

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 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 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 before the next *debit day*. This notice should be given to us in the first instance.
- 3.4 If you request more than two (2) changes in a twelve (12) month period, we will cancel your *direct debit* and place you onto payment by account notice. You may reapply for *direct debit* payment twelve (12) months after your final change request.

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;
 - 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; and
 - d) You are required to pay any arrears that arise on the membership due to a *direct debit payment* not being deducted.

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 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. Any information we collect about you will be maintained securely in accordance with Health Partners Privacy Policy available at healthpartners.com.au
- 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.