

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 Amex 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 have read and agree to 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*.

Financial institution is the *financial institution* that *you* have authorised *us* to arrange to debit.

Us or *we* means Health Partners Limited ABN 43 128 282 904 (ID 46575)

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

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*.
- 1.4 If the name on the nominated *account* differs from *your* name, we are obligated to obtain authorisation from the *account* holder to use their *account* prior to any funds being debited. This *account* holder can also cancel these payments at any time by contacting *us*. We will then contact the policyholder to arrange an alternative payment method to ensure continuity of the membership.

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.