

Direct Debit Request



Member details

Member number:

Title:

First name:

Surname:

Street address:

Suburb:

State:

Postcode:

Date of birth:

Email:

Telephone:

Mobile:

Payment frequency

I request that you debit my account in accordance with the Direct Debit Service Agreement and credit it to the HIF membership number shown above.

Preferred payment frequency: Fortnightly Monthly Quarterly
Half-yearly (2% discount applies)
Annually (4% discount applies)

Commencement date:

Your payment will be debited on this day or the next working day.

Please note: We need 5 working days notice for direct debit changes.

Payment method

Please complete your bank account details below for ongoing Direct Debit payments:

Bank Account

BSB:

Account No:

Account Name:

If you'd prefer to pay by Credit Card, please contact us on 1300 13 40 60 and we will process your payment.

Direct Credit Registration

By registering for 'Direct Credit', we'll electronically credit your rebates directly into your bank account whenever you make a claim. You're only required to complete if your details are different from the above. (Please note, we are unable to electronically credit rebates onto a credit card).

BSB:

Account Number:

Please complete the declaration on the following page before submitting your form.

Direct Debit Request



Declaration

I hereby authorise the Health Insurance Fund of Australia Ltd (user ID No 1342) until further notice in writing, to arrange for my/our account (as detailed in the schedule above) to be debited as specified above, provided that if no amount is specified, the account may be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System. I have read the Direct Debit Service Agreement (overleaf) and agree to its terms. This request is to remain in force until cancelled or otherwise altered in accordance with the terms of the Direct Debit Service Agreement.

Signature:

Date:

Once you have completed the form, please email it to us at hello@hif.com.au or mail to Claims Department, Health Insurance Fund of Australia GPO Box X2221 Perth WA 6847

Direct Debit Service Agreement



The following is your Direct Debit Service Agreement. The agreement is designed to explain what your obligations are when undertaking a direct debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your Direct Debit Request Form.

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 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.
- **business day** means a work day, including Monday through Friday, but excludes a public holiday listed throughout Australia.
- **debit day** means the day that payment by you is due to us.
- **debit payment** means a particular transaction where a debit is made.
- **direct debit request** means the Direct Debit Request between us and you.
- **direct debit request form** means a form signed by you authorising us to arrange for funds to be debited from your account.
- **membership** means a system operated by us, involving a person being admitted to the Fund as a Member pursuant to our Fund Rules.
- **premium** means a financial payment in advance in Australian legal tender to us, which entitles you to be a Member.
- **us or we or our** means **HEALTH INSURANCE FUND OF AUSTRALIA LTD** (HIF), ABN 84 607 276 950, the Direct Debit Provider you have authorised by signing a Direct Debit Request Form.
- **you** means the customer who has authorised the Direct Debit Request.
- **your financial institution** means the financial institution nominated by you on the Direct Debit Request Form at which the account is maintained.

1. Debiting your account

By signing a *Direct Debit Request Form*, you have authorised *us* to arrange for funds to be debited from *your account*. You should refer to the *Direct Debit Request Form* and this *agreement* for the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request Form*.

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 *banking day*.

If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Amendments by us

We may vary any details of this *agreement* or a *Direct Debit Request Form* at any time by giving *you* at least *ten (10) business days* written notice.

3. Amendments by you

You may change, stop or defer a *debit payment*, or terminate this *agreement* by providing *us* with at least **ten (10) business days** notification in writing to: **GPO BOX X2221 Perth WA 6847** or by emailing *us* at **hello@hif.com.au** or by telephoning *us* on **1300 13 40 60** during business hours or by arranging it through *your financial institution*.

We are authorised by *you* to deduct any additional amount as a result of any variation (including, but not limited to, a change in cover, *premiums* or arrears payments) made to *your membership* at the next and any subsequent *debit days*, as the case may be, until paid in full.

4. Your obligations

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*.

HIF *memberships* paid pursuant to this *agreement* shall be in advance up to the next *debit day* as the case may be.

Direct Debit Service Agreement



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* (not exceeding \$50 per rejection);
- (c) *we* will be entitled to recover any *premiums* in arrears by increasing the amount of any one or more *debit payments* until all *premiums* in arrears are paid; and
- (d) *we* may, at *our* absolute discretion, remove *you* from the direct debit system and, in addition to any other course of action *we* may have in respect of *your membership*, *we* shall issue *you* with a notice of rejection and a renewal notice.

You should check *your account statement* to verify that the amounts debited from *your account* are correct.

5. Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* immediately on **1300 13 40 60** so that *we* can resolve *your* query promptly. Upon such notification, *we* shall be granted a maximum of **ten (10) business days** to resolve *your* query before *you* shall be entitled to seek rectification/resolution by any other means.

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, within **ten (10) business days** of resolution, of the amount by which *your* account has been adjusted.

If *we* conclude as a result of *our* investigations that *your account* has not been incorrectly debited, *we* will provide *you* with *our* response within **ten (10) business days** via *your* preferred method of communication. *We* will also afford *you* the opportunity to request *our* response in writing.

6. Accounts

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 Form* if *you* have any queries about the *Direct Debit Request*.

7. Confidentiality

We will keep any information (including *your account details*) in *your Direct Debit Request Form* 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.

We will only disclose information that *we* have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

8. Notice

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* can write to *us* at **GPO BOX X2221 Perth WA 6847** or email *us* at **hello@hif.com.au**. *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *Direct Debit Request Form* or if *your* preferred method of communication is email, *we* will notify *you* by sending a notice to the email address *you* have given *us* in the *Direct Debit Request Form*.

Any notice will be deemed to have been received on the third *banking day* after posting or emailing.

Need help? Call us on **1300 13 40 60**
or email **hello@hif.com.au**

Health Insurance Fund of Australia Ltd (HIF)
ACN 128 302 161

An Australian public company limited by
guarantee. A registered private health insurer.