

Payment Authority Form

Please complete to confirm or change your chosen method of payment. If you choose to pay by Direct Debit, all transactions will be governed by The Hollard Insurance Company Pty Ltd - Direct Debit Request Service Agreement which is printed on the reverse.

1. Policy information

Medibank Pet Insurance policy number

Policy owner's details

Title Mr Mrs Ms Miss Dr Other

First name Surname

Address

Suburb/City State Postcode

2. I/we wish to pay my/our premium:

Annually Monthly Fortnightly

3. I/we wish to pay my/our premium by:

Credit Card

If Credit Card selected, please complete the following:

I/we authorise The Hollard Insurance Company to collect premiums due in respect of this policy from the following credit card:

Visa Mastercard

Credit Card number

Expiry date

Name on card

Direct Debit

If Direct Debit selected, please complete the following:

I/we authorise The Hollard Insurance Company to debit my/our bank account in respect of this policy from as follows:

Bank/Financial Institutional Name

Branch

BSB/Branch number

Account number

Type of account Cheque Savings

Name/s in which account is held

In accordance with The Hollard Insurance Company Direct Debit Request Service Agreement (see reverse), I/we authorise The Hollard Insurance Company Debit User (User ID number 068616), to debit funds from my/our account at the financial institution identified above and as prescribed by the Bulk Electronic Funds Clearing System (BECS). I/we further authorise the following:

1. The Debit User to verify the details of the account with my/our Financial Institution.
2. The Financial Institution to release information allowing the Debit User to verify the above account details.
3. The Hollard Insurance Company may debit funds from the above account in payment of outstanding instalments or premiums as provided for in the Product Disclosure Statement.

Signature(s) Date

Signature(s) Date

Please ensure that adequate cleared funds are available in your nominated account on the due date. Medibank Pet Insurance will not be responsible for fees if your payment is dishonoured.

Please post the completed form to:

Medibank Pet Insurance
 Locked Bag 9021
 Castle Hill NSW 1765

You can also return the form
 by fax on 1800 048 768

The Hollard Insurance Company Pty Ltd - Direct Debit Request Service Agreement

This Agreement is between you (the insured) and The Hollard Insurance Company Pty Ltd (ABN 78 090 584 473) AFS License No: 241436. This Agreement sets out what is required of each party involved in direct debit transactions. Please read it carefully and return the accompanying completed and signed Payment Authority Form to the administrators, PetSure (Australia) Pty Ltd (ABN 95 075 949 923) AFSL 420183 at the address given below.

The Hollard Insurance Company Responsibilities

This Agreement takes effect from the date we, or our appointed administrators, receive your application and continues until you advise us in writing to cancel it.

If you have chosen to pay your premium on an annual basis then we will debit your account on the same business day your cover commences or as soon thereafter as possible. If you choose to pay your premium on a monthly basis then we will debit your account on the dates shown on your Certificate of Insurance. If the debit date falls on a non-business day then we will process your payment on the next business day.

If you wish to make changes to the drawing arrangements, contact Medibank Pet Insurance on 132 331.

In the event you wish to dispute a debit on your account, we will investigate your dispute within 3 days and provide you with written proof of our authority to debit your account.

If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claim.

- Within 5 business days (for claims lodged within 12 months of the disputed drawing); or
- Within 30 business days (for claims lodged more than 12 months after the disputed drawing)

You will receive a refund of the drawing amount if we can not substantiate the reason for the drawing.

If your direct debit is dishonoured we will automatically retry for the outstanding amount within 30 days. An administration fee of \$15.00 (incl. GST) will be charged on all dishonoured payments and your financial institution may also levy a dishonour fee.

We have processes and systems in place to ensure your personal information is kept confidential. We do not pass on any information to third parties. We may, however, be required to provide your information to the policy administrators and our sponsor bank. A copy of Hollard's Privacy Policy is available at www.hollard.com.au

We will provide you 14 days notice of any changes to this Agreement made by us.

Medibank Pet Insurance contact details

Mailing address:

Medibank Pet Insurance
Locked Bag 9021
Castle Hill NSW 1765

Call: 132 331

Your Responsibilities

It is your responsibility to:

- ensure that your existing account can accept direct debits (direct debiting may not be available on all accounts. Please check with your financial institution).
- ensure that the authority given to us to draw on your existing account is consistent with the account authority or signing instructions held by your financial institution for that account
- ensure that before the billing day you have sufficient cleared funds available in your account.
- advise us if the nominated account is transferred, closed or changed. Additionally, you must arrange a suitable payment method if your drawing arrangements are cancelled.
- advise us in writing if you wish to change your banking details or cancel this Agreement.