

Pay your premiums the easy way

Direct debit request

Membership details

Title First name

Family name

Address

Suburb/City State Postcode

Medibank membership number (if you have one)

Credit card payment

I authorise Medibank to charge my credit card (please select below)

on this occasion only for the amount of \$

automatically, each month

I / We would like the first debit to occur on

Date (DD/MM/YYYY):

If my cover or the premium for my cover changes, or if Medibank is entitled to a payment of arrears, or if a second payer changes their payment direction, I authorise Medibank to alter the amount to be charged, from the appropriate date, and for the appropriate amount.

Credit card details (We don't accept AMEX)

Cardholder's name

Credit card no.

Expiry date

Declaration

I / We acknowledge that the direct debit arrangement is governed by the terms and conditions of the Direct debit request service agreement (see over page) and authorise Medibank to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment or if a second payer changes their payment direction. I / We authorise Medibank to alter the amount from the appropriate date in accordance with such changes.

Cardholder's signature

Date (DD/MM/YYYY):

Bank, building society or credit union direct debit request

I / We request that premiums due to Medibank (User i.d. 479) covered by this document be drawn under the Bulk Electronic Clearing System (BECS)*, and which are subject to the terms and conditions of the Direct debit request service agreement, from my/our account conducted with (name of financial institution):

Please pay the premiums on the following basis

Fortnightly Monthly Quarterly
 Half-yearly Yearly

(Please note that for credit card payments the frequency is only monthly or fortnightly.)

Please note that Ambulance only covers can only be paid half yearly or yearly.)

I / We would like the first debit to occur on or after

Date (DD/MM/YYYY):

Except for fortnightly payments, Medibank is unable to accept debits on the 29th, 30th and 31st of any month. Your cover does not commence until Medibank receives payment.

Account details

Account name

BSB number -

Account number

Would you like to register for EFT claiming?

Yes No

I / We acknowledge that the direct debit arrangement is governed by the terms and conditions of the Direct debit request service agreement (see over page) and authorise Medibank to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment or if a second payer changes their payment direction. I / We authorise Medibank to alter the amount from the appropriate date in accordance with such changes.

Signature

Date (DD/MM/YYYY):

* Direct debit through Bulk Electronic Clearing System (BECS) may not be available on all accounts.

All forms should be returned via fax **(07) 3026 0557** or posted to Medibank GPO Box 9999 in your capital city. For other forms call **132 331** or visit a Medibank store.

Telephone **132 331**. Medibank Private Limited ABN 47 080 890 259.

Direct debit client service agreement for the payment of Medibank Private health insurance premiums

Our commitment to you

Drawing arrangements

We will advise you, in writing, of the drawing details for the payment of your premiums.

These details will include the amount, frequency and commencement date of the deductions and, where possible, will be issued prior to the first deduction.

If another person (second payer) has arranged for debit payments to cover part of the premium you will initially only be debited for the remaining part.

A person does not need to be a member under the health insurance policy to be a second payer.

Where the due date for a debit falls on a non-business day, we will draw the amount on the following business day.

We reserve the right to cancel the direct debit arrangement for your premiums if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.

In the event a debit is returned unpaid, we may attempt a redraw on your nominated account on the fourth business day following rejection (and we may also debit the second payer's account if your direct debits are rejected).

If debits to the second payer's account are rejected, we may also draw the rejected amount on your nominated account.

By entering into this agreement, you authorise Medibank Private to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment or if the second payer changes their debit payment authority. You authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

We will provide you a minimum of 14 days' notice if the terms of the arrangement are to change.

Your privacy

We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent. We will only use other personal information you provide in accordance with Medibank Private's Privacy Policy.

We may give information to each payer about the total premium, the part of the premiums to be paid by each payer and the amount paid by each of them.

To obtain the latest version of our Privacy Policy, visit medibank.com.au or drop into a Medibank store.

Note: If the second payer cancels their debit payment arrangement or notifies us to reduce their part of the premium, Medibank will alter the part of the premium you are debited. If your direct debit will increase as a result of the second payee changing their payment direction you will be notified.

Your rights

You may do the following by contacting us at least three (3) business days in advance:

- change the frequency of deductions;
- change the date on which deductions are regularly made;
- change your nominated account;
- change the part of the premium you elect to pay if there is a second payer;
- terminate this direct debit arrangement; or
- stop the debiting of an individual premium debit.

Where you consider the debit is incorrect in either the frequency or amount, or both, you should raise the matter with Medibank Private.

Your responsibilities

It is your responsibility to:

- ensure sufficient funds are available in the nominated account to meet the debit on the nominated date;
- advise us if the account you have nominated to debit the premiums from is transferred or closed;
- ensure that suitable arrangements are made if the direct debit is cancelled by yourself; by your nominated financial institution; by us due to three (3) returned unpaid debits; or for any other reason;
- ensure that the nominated account can accept direct debits.

If you are unsure, please check with your financial institution.

Enquiries and disputes

Please contact us on **132 331** with any enquiries. If you disagree with a debit, please contact us and we will respond within five (5) days. If we cannot substantiate the debit, you will be refunded. You may also direct your dispute enquiries to your financial institution.