



# Direct Debit Request Service Agreement



This Direct Debit Request (DDR) Service Agreement is issued by NIB Health Funds Limited A.B.N. 83 000 124 381 (NIB). You should direct all enquiries about your direct debit to NIB Member Care on 13 14 63 which is available from 8.00am to 8.30pm Monday to Friday, and 8.00am to 1.00pm (EST) Saturday.

- Our commitment to you
  - NIB will give you at least 14 days notice in writing if there are changes to the details of your debit.
  - NIB will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.
  - Where the due date is not a business day, NIB will debit your nominated financial institution account on the first working day thereafter.

### 2. Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits.
- ensure there are sufficient funds available in the nominated account to meet each debit on the due date.
- advise us if the nominated account is transferred or closed, or the account details change.
- arrange a suitable payment method if NIB cancels the debit arrangements.
- ensure that all account holders of the nominated financial institution account sign the Direct Debit Request (DDR) Schedule.

### 3. Your rights

You may alter the debit arrangements, subject to the terms and conditions of your NIB membership. You should notify NIB at least 7 working days before the debit date for any of the following:

- stopping an individual debit
- deferring a debit
- suspending future debits
- altering the Direct Debit Request (DDR) Schedule
- cancelling the debit completely

Where you consider that a debit has been made incorrectly, you can:

- call the NIB Member Care Centre on 13 14 63 or,
- write to NIB Health Funds, SafePay Business Unit, Reply Paid 62208, Locked Bag 2010, Newcastle NSW 2300.

If you are not happy with our response you can address a formal complaint with the envelope marked 'Notice of Complaint' to the NIB Contributions Manager, Reply Paid 62208, Locked Bag 2010, Newcastle NSW 2300.

### 4. Other information

- NIB reserves the right to determine how you give instructions to stop or to alter your debit details (e.g. written, verbal or electronic).
- NIB reserves the right to cancel debit arrangements if debits are dishonored by your financial institution and to arrange an alternate payment method with you.
- Your debit arrangements are also governed by the terms and conditions of your NIB membership.
- The details of your debit arrangements are contained in your DDR Application. Until you advise NIB otherwise in accordance with Section 3 above, NIB will rely on those details to process your debits.

Detach here and keep this section for your records



# SafePay Application

## for payment of contributions by Direct Debit or Credit Card

**Return the completed form to:**  
NIB SafePay Department  
Reply Paid 62208  
384 Hunter Street  
Newcastle NSW 2300  
Fax: 02 4921 2444

NIB Membership number (if known)

Membership Name

Phone Number

Please complete the **Payment Frequency** section, then either the **DIRECT DEBIT Request** or **CREDIT CARD Authority** before returning this form to NIB.

### Payment Frequency

Fortnightly  Monthly  Quarterly  Half yearly  Yearly  Debit to commence

available Monday to Friday only      available from the 1st to 27th of the month only

### DIRECT DEBIT Request

I/we (your full name)

(Surname or Company/business name)      (Given name/s or A.C.N./A.R.B.N.)

request you, until further notice in writing, to debit my/our account described in the schedule below, any amounts which **NIB Health Funds Limited A.B.N. 83 000 124 381**, User ID number **000488** may debit or charge me/us for health cover contributions through the Direct Debit system.

I/we understand and acknowledge that this agreement is governed by the terms of the Direct Debit Request Service Agreement received from NIB and the terms and conditions of my NIB membership.

I/we authorise NIB to debit the nominated account for payment of contributions and to vary the amount of the debit as necessary for changes of cover or contributions.

Please Note: Direct Debiting is not available on the full range of accounts. If in doubt, contact your Financial Institution.

Name of Bank or Financial Institution  Branch  BSB number

Name/s of account holder/s  Account Number

Account holders signature/s (If joint account all signatures are required)  Date

### CREDIT CARD Authority

Type of card: Bankcard  MasterCard  Visa  Diners Club  American Express

Name of card holder

Credit card number  Expiry date

I authorise NIB to debit the nominated credit card account for payment of contributions and to vary the amount of the debit as necessary for changes of cover or contributions.

Card holders signature  Date

Return this section