

Direct Debit Request & Claims Benefit Form

I authorise nib health funds limited ABN 83 000 124 381, User ID number 000488 to arrange for funds to be debited from my/our nominated account via the Bulk Electronic Clearing System at the financial institution shown below according to the Direct Debit Request Service Agreement below. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Your personal details

Member number

Date of birth (DD/MM/YYYY)

Title

Given name/s

Surname

Residential address in Australia (include suburb, state and postcode)

Suburb

State

Postcode

Pay your premium automatically (please choose one option below)

Automatic payments from your nominated bank account

Please note: if you choose direct debit you will receive up to 4% discount (discount does not apply to Ambulance Only cover).

Name of Bank, Building Society or Credit Union

Account number

BSB number

-

Account name

First debit date

Payment frequency (please tick)

Fortnightly

Monthly

Quarterly

Half Yearly

Yearly

Please note: Fortnightly premiums are only available Monday to Friday. All other options are only available from 1st to 27th of the month.

To pay by credit card please login to your online account or call us on **13 14 63**.



Direct Debit Request & Claims Benefit Form

Claims deposited directly into your bank account (please choose one option below)

This account is where we will pay any claims back to you and is not subject to the Direct Debit Request Service Agreement on the following page.

Use the above bank account

OR

Select a different bank account

Please provide details below.

Account number	BSB number	Account Name

Account Holders signature/s

To review nib’s Direct Debit Request Service Agreement, refer to the Policy Booklet at nib.com.au or on the next page.

Signature/s	Date



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Direct Debit Request Service Agreement

"We", "us" and "our" in this Direct Debit Request Service Agreement refers to nib health funds limited ABN 83 000 124 381.

Our commitment to you

- We will give you at least 14 days notice in writing if there are any changes to the details of your debit.
- Any information about your account will remain confidential, except where required to complete direct debits, or in connection with a claim with your financial institution.
- When the due date is not a business day (NSW), we will debit your account on the first business day after the due date.

Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits;
- ensure there are enough funds available in your account to make the payment on the due date;
- if there are insufficient funds to make payment on the due date, you may be charged fees or charges at the discretion of your financial institution;
- tell us if your account details change, or if the account is closed;
- tell us if payment is to be made by someone else;
- arrange a different payment method if we cancel the debit arrangements;
- ensure all account holders of the nominated account sign the Direct Debit Request;
- tell us your new credit card expiry date.

Your rights

You can change the debit arrangements in line with the terms and conditions of your nib policy. You must tell us at least 7 working days before the next due date for any of the following:

- stopping a payment;
- deferring a payment;
- suspending any future payments;
- altering the Direct Debit nominated account details;
- cancelling the debit arrangement completely.

Also, you may cancel, stop or dispute a drawing with your financial institution.

Enquiries and disputes

If you believe that there has been an error in debiting *your account*, you should notify us directly on **13 14 63** and confirm that notice is in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.

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.

If we conclude as a result of our investigation that *your account* has not been incorrectly debited we will respond to *your query* by providing you with reasons and any evidence for this finding in writing.

Other information

- We reserve the right to determine how you give instructions to stop or alter your direct debit details (e.g. written, verbal or electronic).
- We reserve the right to cancel direct debit arrangements if your financial institution dishonours debits, and to arrange a different payment method with you.
- The details of your direct debit arrangement are contained in your Direct Debit Request. We will rely on those details to process your payments until you tell us otherwise.
- Not all accounts held with a financial institution are available to be drawn on under the Bulk Electronic Clearing System. Ask your financial institution if you are unsure whether your account can accept direct debits.
- Before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request are completed correctly. Ask your financial institution if you are unsure about your account details.
- Please enquire of your financial institution, if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request on a day which is not a business day.

Privacy

For information on how we collect, use and disclose your information, and how you can make a complaint or access request, refer to the health insurer's privacy policy at nib.com.au/privacy

