



nib health funds limited
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DIRECT CREDIT AUTHORITY (for Direct Credit of your Benefits)

Date of issue

Policy number

I authorise nib health funds to directly credit benefits for this policy to the account nominated below.
(Claim benefits to providers are excluded from this authority).

Name(s) of account holder	<input type="text"/>
Name of Bank/Financial Institution where the account is held	<input type="text"/>
Address of Bank/Financial Institution where the account is held	<input type="text"/>
BSB number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*If you are currently paying premiums by Direct Debit and your direct debit account details have changed, **YOU MUST COMPLETE A NEW DIRECT DEBIT AUTHORITY.***

Customer's signature	<input type="text" value="X"/>
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>