



Direct Debit Request & Claims Benefit Form

I/We authorise nib health funds limited A.B.N. 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 schedule specified below.

Your personal details

Customer Number

Date of Birth

 / /

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.

OR

Automatic payments from your nominated credit card

Please note: 4% discount does not apply to credit card payments.

Card Number

Expiry Date

Credit Card Type (please tick)

Visa

Mastercard

American Express

First Debit Date

Payment frequency

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.

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

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

Signature/s

X

Date