

Need help?

Call us on 13 14 63

Mon to Fri: 8am – 8.30pm Sat: 8am – 1pm (AEST)

Visit an nib Retail Centre

nib health funds limited abn 83 000 124 381
Head Office 22 Honeysuckle Drive Newcastle NSW 2300



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nib
it's worth it

Direct Debit Form

nib
it's worth it

Direct Debit Service Agreement

nib's commitment to you

- nib will give you at least 14 days notice in writing if there are changes to the details of your debit
- any information about your account will remain confidential, except where required to complete direct debits with your financial institution
- when the due date is not a business day, nib will debit your account on the first working 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
- tell us if your account details change, or if the account is transferred or closed
- arrange a different payment method if nib cancels 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 have any enquiries about your direct debit, or if you believe a debit has been made incorrectly, please contact the nib Customer Care Centre on **13 14 63** or write to: **nib health funds, Reply Paid 62208, Locked Bag 2010, Newcastle NSW 2300.**

If you are not happy with nib's response you can write to the nib Customer Service Team at the above address.

Other information

- nib reserves the right to determine how you give instructions to stop or alter your direct debit details (e.g. written, verbal or electronic)
- nib reserves 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. nib 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.

Direct Debit Request – for payment of premiums by Direct Debit or Credit Card

nib number (if known)

Customer name Phone

Please choose a payment frequency and then **ONLY ONE** payment method

Fortnightly (Mon to Fri only)

Monthly **Quarterly** **Half Yearly** **Yearly** (available 1st to 27th of the month only)

Preferred date to commence / / *Ambulance Only – Half Yearly or Yearly only

Direct Debit Request:

I/we (your full name/s) _____

request you, until further notice in writing, to debit my/our account described below, any amounts which **nib health funds limited abn 83 000 124 381**, User ID number 000488, may debit or charge me/us for health cover premiums through the Direct Debit system. I/we understand and acknowledge that this agreement is governed by the terms of the Direct Debit Service Agreement received from nib and the terms and conditions of my nib policy. I/we authorise nib to debit the nominated account for payment of premiums and to vary the amount of the debit as necessary for changes of cover or premiums.

Please note: The first debit under this request will cover your standard amount plus any adjustment necessary to bring your policy in line with your required debit date.

Name of bank, building society or credit union Branch

Name(s) of account holder(s)/Business account name

BSB number -

Account number

Signature of account holder/s

Date / /

Credit Card Authority – no discount applies (automatic debit from a credit card)

Card type ▶ **Bankcard** **Mastercard** **Visa** **Diners Club** **American Express**

Name of card holder (as shown on card) Expiry date -

Card number

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

Signature of account holder/s

Date / /