

# Direct Debit & Claims Credit/Refund Application form



- Please complete this form to nominate the bank account details, and have your claims credit or refund automatically processed into the account and/or authorise us to automatically deduct your payment or installment amounts.
- Follow these three easy steps; review, complete and sign the sections relevant to you, and return this form to Australian Unity

## 1. Membership details

Membership/Customer number:

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Title	<input type="text"/>	Date of birth	<input type="text"/>
Surname	<input type="text"/>	First Name	<input type="text"/>
Residential address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 2. Direct Debit – where we'll deduct your payments from

I/we request Australian Unity (User ID: 000141) to debit funds from the nominated account or credit card account according to the details specified below.

Please choose one option.

### OPTION 1. From a financial institution account

Name and branch of financial institution	<input type="text"/>		
Name of account holder	<input type="text"/>		
BSB No.	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### OPTION 2. From a credit card

Card type	<input checked="" type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Visa	Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Card 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Name of cardholder (if not applicant)	<input type="text"/>			
Cardholder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

### Terms of agreement

Deduction to commence on:  /  /

### Frequency of deduction

Fortnightly  Monthly  Quarterly  
 Half Yearly  Yearly

Note: First Direct Debit payment will be on your nominated date and will then continue at your selected frequency.

Please turn over page >

**By signing this application form, I declare that:**

I authorise Australian Unity and related bodies corporate, until further notice, to debit the nominated account as per the terms of arrangement above. I have understood and read the Australian Unity Direct Debit Request (DDR) Service Agreement which is available in this form. I have obtained all necessary consent from all (including joint and third party account holders) account holders for deductions to be made by Direct Debit. I also authorise Australian Unity to alter the deduction amount should the price change and effect this from the date of such a change.

Signature of account holder or authorised person  Date  /  /

Please note, any advance payments do not lock in the terms & benefits of your product. We may at any time make changes to your cover. This may include adding or reducing the benefits or services available to you. We will ensure that we provide you with appropriate notice of these changes in accordance with the Private Health Insurance Act 2007, the Australian Consumer Law and the Private Health Insurance Code of Conduct, prior to the changes taking place. If you do not wish to continue under the changed cover, you have the option of transferring to a different cover or cancelling your membership. If you do cancel, you're entitled to a refund of any premiums paid in advance.

**3. Claims Credit/Refund – where we'll pay the money you get back**

Australian Unity pays any money you get back directly into your nominated financial institution account. This service is known as a claims credit or refund and is not available for credit card accounts. Please select one of the options below:

I authorise Australian Unity to directly credit money to:

- The financial institution account as nominated in the Direct Debit section.
- The financial institution account nominated below.  
(Select this option if you pay by credit card or to nominate a different account)

Name and branch of financial institution

Name of account holder

BSB No.  -  Account number

Signature of policy holder/ agreement holder  Date  /  /

Amounts payable to your service providers are excluded from this authority. The Australian Unity Claims Credit and Refund service automatically credits any money you get back to your bank account, if you have already paid your service provider. All services must be provided by a private practitioner or registered service provider recognised by Australian Unity. Prior to your first consultation, please contact us to ensure that your practitioner or service provider is recognised. Members, customers or delegated authorities are the only people who can change this authority. We will pay into the most recently used account unless a new advice is received.

Please turn over page >

# Your direct debit request service agreement

## Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us, together with where you should go for assistance in respect of your direct debit arrangement with Australian Unity.

### Terms of the Arrangement

In the terms of the Direct Debit Request (DDR) arrangement made between us and authorised by you, we undertake to periodically debit your nominated account in accordance with your authority to direct debit. You also authorise us to alter the amount to be debited in the event of any changes to your Membership.

### Drawing Arrangements

- If any drawing falls due on a non-business day, it will be debited to the nominated account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice when we intend to make changes to the initial terms of the arrangement.

## Your Rights

### Changes to the Arrangement

If you want to make changes to the drawing arrangement, please notify us in writing at least four business days prior to your next scheduled drawing date. These changes may include:

- Deferring the drawing; or
- Altering the schedule; or
- Stopping an individual debit; or
- Suspending the DDR; or
- Cancelling the DDR completely.

### Enquiries

If you have any enquiries they should be directed to Australian Unity, rather than to your financial institution. All information relating to the DDR held by us will remain confidential except for information that may be provided to our financial institution to initiate the drawing to your nominated account or information disclosed to a third party as required by law. Information may also be provided to Australian Unity Limited or any of its wholly-owned subsidiaries to enable this DDR to be effected.

### Disputes

- If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with Australian Unity.
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to your claims in accordance with their dispute resolution procedures.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

## Your commitment to us

It is your responsibility to ensure that:

- You have the necessary permission to authorise a debit from the nominated bank account, and
- The nominated account can accept direct debits (your financial institution can confirm this); and
- On the drawing date there are sufficient cleared funds in the nominated account; and
- You advise us if the nominated account is transferred or closed; and
- That you contact us to advise when your credit card is due to expire, then provide new card details to ensure continuation of cover.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

### For more information

To find out more about Direct Debit visit our website at [australianunity.com.au](http://australianunity.com.au) or call us on **13 29 39**.



#### Return by post

Australian Unity Health  
Reply Paid 91943, Melbourne VIC 3000  
(No stamp is required)



#### Email

[customerservice@australianunity.com.au](mailto:customerservice@australianunity.com.au)

Please return your completed and signed form to Australian Unity within 10 days.

#### Contact us



13 29 39



[australianunity.com.au](http://australianunity.com.au)