

Direct Debit Request

Health Partners

You can use this form to add or update your direct debit (payment of premiums). Once actioned we will send you confirmation of the change. Please call us if you haven't received confirmation within 7 days.

Member number

Name (first name)

(surname)

Address

Postcode

Is this a corporate membership?

☐

Yes

☐

No

Organisation name

Staff/Member number

If you require further information on available corporate memberships please contact Member Care on 1300 113 113.

Request and authority to debit the account named below

I , request and authorise Health Partners ABN 43 128 282 904 (User ID 46575) to arrange, through its own financial institution, for premium payments to be debited from the nominated account described in this direct debit request, through the Bulk Electronic Clearing System and paid to Health Partners, subject to the terms and conditions of the Direct Debit Service Agreement (DDRSA) and further instructions provided below.

Payment Frequency

Direct Debit my account

☐

Fortnightly (Fridays only)

☐

Half yearly

☐

Monthly

☐

Yearly

☐

Quarterly

Please make the first deduction on

/

/

Please deduct future payments on the

(choose 1st to 28th only. Does not apply for fortnightly payments)

Payment details

Bank account details

Name of financial institution

Name of branch

Account in the name/s of

BSB number

-

Account number

Signature (for joint accounts both to sign)

I would like these details to be updated for payment of benefits (Direct Credit) (Bank Details only)

☐

Yes

☐

No

OR

Credit card details

Type of credit card

☐

MasterCard

☐

Visa Card

☐

Amex

Expiry date

/

Name on credit card

Signature

Card number

| | | | | | | | | | | | | | | | | | |
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Declaration

- I declare that I am the policyholder or authorised to sign this application as the legal representative or as a holder of a Delegation of Authority of the policy.
- I understand Health Partners may deduct a payment after receiving this form that will cover me until my nominated start date for direct debit.
- I have read and agree to the Health Partners Direct Debit Request (DDR) Service Agreement. In the event of changes to my/our premiums, level of cover, or arrears, I/we also authorise Health Partners to alter the amount of deductions from the appropriate date in accordance with such changes.

Signature

Date

/

/

Please note: If you are completing this form electronically, your typed name in the Declaration stands as your signature.

Direct Debit Service Agreement

Health Partners

The following is your Direct Debit Service Agreement with Health Partners Limited ABN 43 128 282 904. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day on or about the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct debit request means the Direct Debit Request between us and you.

Us or we means Health Partners Limited ABN 43 128 282 904 (ID 46575), (the Debit User) you have authorised by signing a direct debit request.

You means the member who signed the direct debit request.

Your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. Debiting your account

- 1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- 1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- 1.4 If the name on the nominated account differs from your name, we are obligated to obtain authorisation from the account holder to use their account prior to any funds being debited. This account holder can also cancel these payments at any time by contacting us. We will then contact the policyholder to arrange an alternative payment method to ensure continuity of the membership.

2. Amendments by us

- 2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days' written notice.

3. Amendments by you

- 3.1 You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days' notification by writing to: Health Partners, GPO Box 1493, Adelaide, SA, 5001 or by telephoning us on 1300 113 113 during business hours or arranging it through your own financial institution.

4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - a) you may be charged a fee and/or interest by your financial institution;
 - b) you may also incur fees or charges imposed or incurred by us; and

c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

d) you are required to pay any arrears that arise on the membership due to a direct debit payment not being deducted.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If Health Partners is liable to pay goods and services tax (GST) on a supply made in connection with this agreement, then you agree to pay Health Partners on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 113 113 and confirm that notice 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.
- 5.2 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.
- 5.3 If we conclude as a result of our investigations 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.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

6.1 You should check:

- a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. Confidentiality

- 7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
 - a) to the extent specifically required by law; or
 - b) for the purpose of the agreement (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to Health Partners, GPO Box 1493, Adelaide, SA, 5001.
- 8.2 We will notify you by sending a notice in the ordinary post or via email to the address you have given us in the Direct Debit Request.
- 8.3 Any notice will be deemed to have been received on the fifth banking day after posting.