Direct Debit Request

If this Direct Debit Request is for more than one policy then please list all relevant policy numbers.

Payment options: **1.** ☐ Initial premium and all future premiums **2.** ☐ All future premiums

Request and Authority to debit the account named below to pay AIA Australia ☐ **Monthly** ☐ **Half-yearly** ☐ **Yearly**

Please refer to the Direct Debit Request Service Agreement in the Product Disclosure Statement.

I/We

	Title	Surname or Company Name	Given Name or ABN
Account holder 1			
Account holder 2			

request and authorise AIA Australia Limited (Direct Debit User ID 142) to arrange for any amount AIA Australia may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

Insert details of account to be debited
Name account is held in

BSB number ☐☐☐ – ☐☐☐ Account number ☐☐☐☐☐☐☐☐☐

Acknowledgment I/We have read and understood the terms and conditions governing the debit arrangements between myself and AIA Australia as set out in this Request and in the Direct Debit Request Service Agreement.

Insert the name and address of financial institution at which account is held

Financial institution name

Address Postcode

Insert your signature

Account Holder 1 Signature	Account Holder 2 Signature	Date (dd/mm/yyyy)
✗	✗	

Credit Card Authority

If this Credit Card Authority is for more than one policy then please list all relevant policy numbers.

Payment options: **1.** ☐ Initial premium only **2.** ☐ All future premiums **3.** ☐ Initial premium and all future premiums

Please debit my ☐ Visa ☐ MasterCard ☐ Diners ☐ AMEX

No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐/☐☐

This authority enables AIA Australia Limited, to debit your credit card until you advise AIA Australia in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual premium variations which apply to your policy. This only applies if option 2 or 3 above is chosen.

If you choose the option of using a credit card for the one-off payment of the deposit premium please enter the amount. $

Name as shown on credit card

Cardholder's Signature ✗ Date (dd/mm/yyyy)

IMPORTANT NOTICE:
Credit Card refunds will be processed by us in the ordinary course of business. We will not accept any responsibility for credit card charges or fees incurred due to expired or cancelled cards or timing delays in processing refunds by the credit card issuer.