



Customer details

Title Surname Given name

Street number and name Town/Suburb State Postcode

Plan number(s)

Direct debit information

- Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are not sure.
- The financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

I/We request that you, until further notice in writing, debit my/our account detailed below, any amounts which The National Mutual Life Association of Australasia Limited (The User) (User ID 109) may debit or charge me/us, through the direct debit system.

Payment method

Select method of payment:

- Direct debit by credit card (please complete Option 1 below)
- Direct debit by bank account (please complete Option 2 over page)

Option 1: Direct debit by credit card

► Only complete this section to pay your insurance premiums by credit card.

Frequency of ongoing premium deductions (tick one): Fortnightly Monthly Quarterly Half yearly Yearly

Credit card type: MasterCard Visa

Credit card number - - - Expiry date -

Name as shown on credit card

Cardholder's signature Date signed

Should your credit card details change at any time (eg card number, expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre on 132 987.

Direct debit request form

Option 2: Direct debit by bank account

► **Only complete this section to pay your insurance premiums by direct debit.**

Frequency of ongoing premium deductions (tick one): Fortnightly Monthly Quarterly Half yearly Yearly

(Optional) If paying monthly direct debit by bank account, choose a date for deduction, between 1st to 28th only

BSB number

Account number

Bank/financial institution name

Bank/financial institution branch name

Account in name of (name in full)

If company account ABN (Australian Business Number)

 - - -

Account holder signature(s)

Signature - account holder 1

Date signed

Signature - account holder 2 (if applicable)

Date signed

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We will only deduct premiums from your chosen account. Your plan schedule shows the premium amount and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Changing your payment details

- You may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 132 987.

Can we help?

- If you have any queries about your direct debit agreement please contact our Customer Service Centre on 132 987.
- We undertake to respond to queries concerning disputed transactions within five working days of notification.