

CREDIT CARD AUTHORITY FORM

Use this form to authorise regular payments of your IMAN/AHI Premium from your nominated Credit Card. All premiums are GST inclusive & are applicable from 1 May 2006.

IMAN/AHI Membership No. (if known)

I am an existing member updating my details

I am a new member

Date Policy is requested to start / /

Date Application submitted online / /

PERSONAL DETAILS

Surname

Given Names

Postal Address

Phone Daytime

Mobile

PAYMENT DETAILS

I authorise AHI to charge my Credit Card for my premium payments

Please tick **one**

Table 320

Table 390

Table 120

Table 190

	Single	Family	Single	Family	Single	Family	Single	Family
Quarterly	<input type="checkbox"/> \$624	<input type="checkbox"/> \$1248	<input type="checkbox"/> \$465	<input type="checkbox"/> \$930	<input type="checkbox"/> \$230	<input type="checkbox"/> \$460	<input type="checkbox"/> \$189	<input type="checkbox"/> \$378
Half-Yearly	<input type="checkbox"/> \$1248	<input type="checkbox"/> \$2496	<input type="checkbox"/> \$930	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$460	<input type="checkbox"/> \$920	<input type="checkbox"/> \$378	<input type="checkbox"/> \$756
Yearly	<input type="checkbox"/> \$2496	<input type="checkbox"/> \$4992	<input type="checkbox"/> \$1860	<input type="checkbox"/> \$3720	<input type="checkbox"/> \$920	<input type="checkbox"/> \$1840	<input type="checkbox"/> \$756	<input type="checkbox"/> \$1512

CREDIT CARD DETAILS

MasterCard Visa AMEX

Card number:

Expiry Date:

Name on Credit Card

Cardholders Signature

If paying on behalf of the policy holder/s, please provide

Company Name

Phone No

Email Address

Post completed forms to IMAN Australian Health Insurance
PO Box 570 Crows Nest NSW 2065
Or send by Fax to +61 2 8437 2877