

Direct Debit Request

IMAN Australian Health Plan (IMAN) Membership No. (if known) _____

- I am an existing member updating my details
- I am a new member - Date Policy is required to start _____ / _____ / _____
 - Date Applications submitted online _____ / _____ / _____

Request and Authority to debit the account named below to pay IMAN Australian Health Plans Pty. Ltd.

Request and Authority to debit	Surname or company name _____ Given names or ACN/ABN _____ (“you”) Request and authorise IMAN Australian Health Plans Pty. Ltd (135990) to arrange for any amount IMAN Australian Health Plans Pty. Ltd may debit or charge you 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 (and any further instructions provided below).
Insert the name and address of financial institution at which your account is held	Financial Institution name _____ Address _____ _____ _____
Insert the details of account to be debited	Name on account _____ (your name(s) as it/they appear/s on your bank statements) BSB number ____ • ____ Account number _____
Acknowledgement	By signing the Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and IMAN Australian Health Plans Pty. Ltd. as set out in this Request and in your Direct Debit Request Service Agreement.
Frequency of debit	If your policy start date is 1st -15th of the month, your direct debit will be processed on the 15th of the month or the nearest working day thereafter. If your policy start date is the 16th - 31st of the month, your direct debit will be processed on the last day of the month or the nearest working day thereafter and at Monthly / Quarterly / Half Yearly / Yearly Intervals thereafter.
Insert your signature and address	Signature _____ Address _____ _____ Date _____ / _____ / _____

Please fax this form to (61 2) 9929 3818 within 7 days of application or post to: P.O. Box 570 Crows Nest NSW 2065

Direct Debit Request Service Agreement

1. 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*.

business day means a day other than a Saturday or a Sunday or a Public Holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

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

us or we means IMAN Australian Health Plans Pty. Ltd.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

2. Changes 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. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangement under a *direct debit request* by contacting *us* on 02 8437 2888.

3.2 If *you* wish to stop or defer a *debit payment* you must notify *us* in writing at least *fourteen (14) days* before the next *debit day*. This notice should be given to *us* in the first instance.

3.3 *You* may also cancel *your* authority for *us* to *debit* your account at any time by giving *us* *fourteen (14) days* notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

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*.

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

5. Dispute

5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 02 8437 2888 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly.

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 been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.

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

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 purposes of this *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:

IMAN Australian Health Plans Pty. Ltd. PO Box 570, Crows Nest, NSW, 2065.

8.2 We will notify *you* by sending a notice in the ordinary post to the address *you* have given us in the *direct debit request*.

8.3 Any notice will be deemed to have been received two *business days* after it is posted.