

# DIRECT DEBIT REQUEST

**DIRECT DEBIT REQUEST - for payment of premiums by Direct Debit or Credit Card**

Policy Number (if known)

Your family name. . . . . Your first name. . . . .

Phone number. . . . . Mobile. . . . .

Please complete the Payment Frequency section, then either the **Direct Debit Request** or **Credit Card Authority** before returning this form to IMAN.

**PAYMENT FREQUENCY**

Please choose a payment frequency and then **ONLY ONE** payment method

- Fortnightly** (available Mon to Fri only)  
 **Monthly**    **Quarterly**    **Half Yearly**    **Yearly** (available 1st to 27th of the month only)

Preferred date to commence \_\_\_ / \_\_\_ / \_\_\_\_\_

**DIRECT DEBIT REQUEST**

I/we (your full name(s) or company name). . . . . request you, until further notice in writing, to debit my/our account described below, any amounts which **nib health funds limited abn 83 000 124 381**, User ID number 000488 (on behalf of IMAN Australian Health Plans Pty Ltd ABN 34 144 907 746), may debit or charge me/us for health cover premiums through the Direct Debit system. I/we understand and acknowledge that this agreement is governed by the terms of the Direct Debit Service Agreement received from IMAN and the terms and conditions of my IMAN policy. I/we authorise IMAN to debit the nominated account for payment of premiums and to vary the amount of the debit as necessary for changes of cover or premiums.

**Please note:** Contact your financial institution to verify if direct debit is available.

Name of bank, building society or credit union                      Branch  
 . . . . .

Name(s) of account holder(s)/Business account name  
 . . . . .

BSB number -      Account number

Account Holder(s) Signature(s). . . . . Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**CREDIT CARD AUTHORITY**

Card Type    MasterCard    Visa    American Express

Name of card holder (as shown on card). . . . .

Card Number

Expiry Date  /

I authorise IMAN to debit the nominated credit card for payment of premiums and to vary the amount of the debit as necessary for changes of cover or premiums.

Account Holder(s) Signature(s). . . . . Date \_\_\_ / \_\_\_ / \_\_\_\_\_

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## TO SUBMIT YOUR FORM

Complete your form and submit in one of the following ways:



Mail  
**IMAN Australian Health Plans**  
Reply Paid 62208  
Locked Bag 2010  
Newcastle NSW 2300



Email  
**info@austhealth.com**



Fax  
**+61 2 9929 3818**

### If you have questions call the Customer Care Centre:

Monday to Friday 8.30am – 6.00pm (AEDT)



Call **1800 22 11 33**



From overseas **+61 2 4914 1131**

## DIRECT DEBIT REQUEST SERVICE AGREEMENT

### IMAN's commitment to you

- IMAN will give you at least 14 days notice in writing if there are changes to the details of your debit
- Any information about your account will remain confidential, except where required to complete direct debits with your financial institution
- When the due date is not a business day, IMAN will debit your account on the first working day after the due date

### Your commitment to us

It is your responsibility to:

- Ensure your nominated account can accept direct debits
- Ensure there are enough funds available in your account to make the payment on the due date
- Tell us if your account details change, or if the account is transferred or closed
- Arrange a different payment method if IMAN cancels the debit arrangements
- Ensure all account holders of the nominated account sign the Direct Debit Request
- Tell us your new credit card expiry date.

### Your rights

You can change the debit arrangements in line with the terms and conditions of your IMAN policy. You must tell us at least 7 working days before the next due date for any of the following:

- Stopping a payment
- Deferring a payment
- Suspending any future payments
- Altering the Direct Debit nominated account details
- Cancelling the debit arrangement completely

Also, you may cancel, stop or dispute a drawing with your financial institution.

### Enquiries and disputes

If you have any enquiries about your direct debit, or you believe a debit has been made incorrectly, please contact the IMAN Customer Care Centre on **1800 22 11 33** or write to:

**IMAN Australia Health Plans**  
Reply Paid 62208  
Locked Bag 2010  
Newcastle NSW 2300

If you are not happy with IMAN's response you can write to the IMAN Customer Service Team at the above address.

### Other information

- IMAN reserves the right to determine how you give instructions to stop or alter your direct debit details (e.g. written, verbal or electronic).
- IMAN reserves the right to cancel direct debit arrangements if your financial institution dishonours debits, and to arrange a different payment method with you.
- The details of your direct debit arrangement are contained in your Direct Debit Request. IMAN will rely on those details to process your payments until you tell us otherwise.
- Not all accounts held with a financial institution are available to be drawn on under the Bulk Electronic Clearing System, ask your financial institution if you are unsure whether your account can accept direct debits.
- Before you complete your Direct Debit Request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit Request is completed correctly. Ask your financial institution if you are unsure about your account details.
- Please enquire of your financial institution, if you are uncertain when your financial institution processes an amount we draw under your Direct Debit Request on a day which is not a business day.

This Direct Debit Request (DDR) Service Agreement is issued by IMAN Australian Health Plans Pty Ltd ABN 34 144 907 746, a subsidiary of nib holdings limited ABN 51 125 633 856.