Direct CreditREQUEST FORM



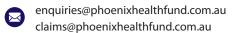
Want to receive your claim benefits faster? Once you have completed all relevant details on this form please read the declaration and sign all relevant signature panels before returning to Phoenix Health. Then next time you complete a claim form, simply tick **Phoenix Health has my details** and your benefits will automatically be paid into your nominated bank account.

Member Details	
Member number:	Date of birth: D D / M M / Y Y Y
Member first name:	Member surname:
Address:	Postcode:
Phone:	Email:
Are you updating your contact details?	
Bank Account Details	
Please register this account for payment of benefits by Direct Credit for: Policyholder Spouse/defacto Note: Only the Policyholder can make changes to the registered account details for the Policyholder. Financial institution: Branch:	
BSB:	Account number:
Signature (for joint accounts both to sign):	
Declaration	
I declare that I am authorised to sign this Direct Credit request form.	
Name (Please print):	Signature:
Date: D D / M M / Y Y Y	

Phoenix Health Fund Ltd

PO Box 156 Newcastle NSW 2300 | ABN 93 000 124 863 Monday – Friday: 8:00am – 5:00pm (AEST)





phoenixhealthfund.com.au

