

Direct Credit REQUEST 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: / /

Member first name: _____ Member surname: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Are you updating your contact details? ☐ Yes ☐ No

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: / /

Phoenix Health Fund Ltd

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