

# Direct Debit REQUEST FORM



**Looking for an easier way to pay your Phoenix Health membership?** Complete this form to set up a direct debit payment to easily and conveniently pay your contributions. Once you have completed all relevant fields, please read the declaration and sign all relevant signature panels before returning to Phoenix Health. The Direct Debit Service Agreement can be found over the page.

## Member Details

Member number: \_\_\_\_\_ Date of birth:   /   /

Member first name: \_\_\_\_\_ Member surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Bank Account Details

I would like to pay my premiums automatically by direct debit from:

- ☐ **Option A: bank, building society or credit union account**
- ☐ I would also like to receive my claim benefits credited into this account.

Financial institution : \_\_\_\_\_ Branch: \_\_\_\_\_

BSB:    -    Account number:

Signature (for joint accounts both to sign): \_\_\_\_\_

## ☐ Option B: Credit Card

Type of Credit Card: ☐ VISA ☐ Mastercard

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card number:                 Expiry:   /

## Payment Frequency

Direct Debit my account: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

Please make the first deduction on:   /   /

## Direct Credit Request

If you are currently receiving your claim benefits via cheque and would like to receive them faster, complete this section to have your benefits automatically credited to an account not listed above.

Financial institution : \_\_\_\_\_ Branch: \_\_\_\_\_

BSB:    -    Account number:

Signature (for joint accounts both to sign): \_\_\_\_\_

## Declaration

- ☐ I declare that I am authorised to sign this Direct Debit request as the Policyholder or holder of Delegation of Authority of the above membership and as the owner of the bank account or credit card.
- ☐ I have read and understood the Phoenix Health Direct Debit Service Agreement.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:   /   /

# Direct Debit

## SERVICE AGREEMENT



This Direct Debit Service Agreement is designed to ensure that you understand the responsibilities that apply to your direct debit request for both you as the member, and us as the provider.

### Your agreement

By agreeing to this Direct Debit Request Service Agreement, you authorise Phoenix Health Fund to arrange for your contributions to be debited from your nominated bank account or credit card.

You also agree to all of the terms and conditions detailed within the Direct Debit Request Service Agreement.

### Phoenix Health's responsibilities to you

If there are any changes to be made to your direct debit, we will inform you by giving you no less than fourteen (14) days written notice. If your debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following business day.

### Confidentiality

We will keep any information (including your account details in your direct debit request) confidential. Any information we collect about you will be maintained securely in accordance with Phoenix Health's Privacy Policy.

### Your rights and responsibilities

You may make changes to your direct debit details or payment date by contacting us by phone no less than one (1) business day prior to your debit date. Should you repeatedly request deferments to your direct debit, it is at the discretion of the Fund to cancel your direct debit authority. Should your debits repeatedly dishonour, it is at the discretion of the Fund to cancel your direct debit authority. You may stop or cancel this direct debit by giving us no less than seven (7) days' notice, and may do so by contacting us, or going directly through your financial institution if you should wish.

By agreeing to this Direct Debit Services Agreement, you will:

- Make sure that the account details you provide for your direct debit request are accurate, complete and up to date.
- Make sure that your financial institution allows direct debits from your nominated bank account or credit card. You should ask your Financial Institution if you are unsure.
- Make sure that there are sufficient clear funds available in your account to meet a debit payment on the debit date. If there are insufficient clear funds available in your account to meet a debit payment, you may be charged a fee by your financial institution.
- Make sure that your payments remain up to date, and if a debit payment is not met, you will arrange for the missed payment to be made by another manner, as soon as possible. You understand that electronic claiming is not available whilst your membership is not paid up to date. You understand that should a debit payment not be met, and you do not make a catch-up payment, then we will debit your standard contribution payment, plus any arrears owing at the next debit date.
- Let us know as soon as possible if your details change – for example if your credit card expiry date changes, or if you close your bank account.

### We're here to help


If you have any questions at all about your direct debit service agreement or authority, please contact us as soon as possible, a Phoenix Team Member will be happy to help.


If you ever believe that you have been incorrectly debited, please contact us immediately so that we can investigate and resolve the issue for you.

## Phoenix Health Fund Ltd

PO Box 156 Newcastle NSW 2300 | ABN 93 000 124 863

Monday – Friday: 8:30am – 5:00pm (AEST)

 1800 028 817, (02) 4935 5741, (02) 4935 5738

 [enquiries@phoenixhealthfund.com.au](mailto:enquiries@phoenixhealthfund.com.au)  
[claims@phoenixhealthfund.com.au](mailto:claims@phoenixhealthfund.com.au)

 [phoenixhealthfund.com.au](http://phoenixhealthfund.com.au)