

CUA HEALTH LIMITED ABN 98 098 685 459

PLEASE RETAIN THE ATTACHED DIRECT DEBIT REQUEST SERVICE AGREEMENT FOR YOUR INFORMATION AND RECORDS

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay CUA Health Limited ABN 98 098 685 459

Surname CUA Health membership number

Given names "you" Contact No.

request and authorise CUA Health Ltd (User Id 400205) to arrange, through its own financial institution, a debit to your nominated account any amount CUA Health Ltd, has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

DIRECT DEBIT FROM YOUR BANK ACCOUNT

Financial institution name

Address

Name/s on account/credit card

Address

A) **Bank account:** BSB number - Account number

Please select the frequency of your bank account direct debit

Weekly Fortnightly To be debited on which day of the week Mon-Fri

OR

Monthly Quarterly Half Yearly Yearly To be debited on which day of the month 1st-28th?

Acknowledgement

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and **CUA Health Ltd** as set out in this Request and in your Direct Debit Request Service Agreement attached.

OR - DIRECT DEBIT FROM YOUR CREDIT CARD

B) **Credit card:** Visa MasterCard

C) **Card number:** Expiry date/.....

To be debited on which day of the month 1st-28th?

Your obligation

It is your responsibility to ensure that your account has sufficient clear funds available to allow a direct debit payment to be made. If your credit card expires, please notify the fund of your new card number and expiry date prior to your next direct debit payment.

DIRECT CREDIT TO YOUR BANK ACCOUNT

Please note - we cannot deposit funds into a credit card account.

Would you like us to automatically deposit your claim refunds into the above bank account? Yes No

If no, please complete account details below:

Name/s on account

Bank account: BSB number - Account number

ACCOUNT HOLDER/S SIGNATURE/S

Signed Signed

Date/...../..... Date/...../.....

Office use only

Entered Verified Date Comment

SERVICE AGREEMENT

The following is your Direct Debit Service Agreement with **CUA Health Limited (User Id 400205)**. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

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.

Banking 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.

Debit payment means a particular transaction where a debit is made.

Direct Debit Request means the Direct Debit Request between us and you.

Us or we means **CUA Health Limited**, (the Debit User) you have authorised by signing a *direct debit request*.

You means the customer who signed the *Direct Debit Request*.

Your financial institution means the financial institution nominated by you on the DDR at which the *account* is maintained.

1. Debiting your account

By signing a *Direct Debit Request*, you have authorised us to arrange for funds to be debited from your *account*. You should refer to the *Direct Debit Request* and this *agreement* for the terms of the arrangement between us and you. We will only arrange for funds to be debited from your *account* as authorised in the *Direct Debit Request*. If the *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 *banking day*. If you are unsure about which day your account has or will be debited you should ask your *financial institution*.

2. Amendments by us

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. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification in writing to: **CUA Health Limited** or by telephoning us on 1300 499 260 during business hours or arranging it through your own financial institution.

4. Your obligations

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*. 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*.

You should check your *account* statement to verify that the amounts debited from your *account* are correct. If **CUA Health Limited** is liable to pay goods and services tax (GST) on a supply made in connection with this *agreement*, then you agree to pay **CUA Health Limited** on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

If you believe that there has been an error in debiting your *account*, you should notify us directly on 1300 499 260 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct. 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. If we conclude as a result of our investigations that your *account* has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

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.
- (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

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.

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

If you wish to notify us in writing about anything relating to this *agreement*, you should write to **CUA Health Limited, Reply Paid 100, Brisbane QLD 4001**. We will notify you by sending a notice in the ordinary post to the address you have given us on your CUA Health Limited membership. Any notice will be deemed to have been received on the third banking day after posting.