

Direct Debit Request

Use this form to: Request and authorise CUA Health Limited ABN 98 098 685 459 to debit your nominated account.

1 CUSTOMER DETAILS

Full name:

CUA Health policy number: Phone/Mobile:

Address: Postcode:

2 PAYMENT FREQUENCY

Weekly Fortnightly Monthly Quarterly Half Yearly Yearly

To be debited on which day of the week Mon-Fri: OR
 To be debited on which day of the month 1st-28th:

A DIRECT DEBIT FROM YOUR BANK ACCOUNT

Financial institution name:

Address:

BSB number: Account number:

B DIRECT DEBIT FROM YOUR CREDIT CARD

Name/s on account/credit card:

Credit card: Visa MasterCard

Card number: Expiry date:

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.

3 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:

BSB number: Account number:

4 ACKNOWLEDGEMENT

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

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.

I agree that my personal information will be collected, used and disclosed in accordance with the privacy notice set out in the brochure, and the CUA Group's privacy policy.

Signed (by policy holder): Date:

Please retain this document for your information and records

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.