



Direct Debit Form

1. Member Details

Membership Number

Title _____ Given Name(s) _____

Surname _____

Residential Address _____ State _____ Postcode _____

Postal Address _____ State _____ Postcode _____

2. Payment Frequency

Please indicate one of the following payment options

Fortnightly Monthly Quarterly Half Yearly Yearly

If you selected fortnightly or monthly payment frequency please nominate what date between days 1 and 28 days you would like deductions to commence / /

Please note that your initial deduction may include an adjustment to ensure your membership is financial or to coincide with your nominated date.

3. Direct Debit Request

The Schedule - Details of account to be debited.

Name of Financial Institution _____ Branch _____

Account in the name of _____

NB: Direct Debit is not available from all accounts, please check with your bank/financial institution.

Account Details Cheque Savings

BSB / Financial Institution Number -

Account Number

OR Credit Card Details

Credit Card in the name of _____ Mastercard VISA

Credit Card Number Expiry Date /

I/We authorise and request HealthGuard Health Benefits Fund Limited trading as GMF Health User ID: 159206 (Debit User), until further notice in writing, to arrange for my/our account described in the schedule above, to be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System.

I/We:

1. authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement;
2. have read and understand the Service Agreement attached and agree to its terms; and
3. agree that an electronic reproduction of this document, or any other information in this document, will have the same legal effect as the original of this document.

Please ensure account details are correct and that this request is signed by the required number of authorised signatories.

Signature _____ Date _____

Signature _____ Date _____

Ensuring your Privacy

At GMF we respect the privacy of your personal information. We process personal details on a daily basis and are committed to ensuring that the privacy and security of personal information remains protected. We are bound by the National Privacy Principles (NPPs) set out in the Privacy Act 1988. A privacy statement about personal information collected by GMF is contained in GMF Your Rights and Obligations brochure, which is provided to you when you take out cover, or is available on request. Further details on the way we handle personal information are in our Privacy Policy, which is available at www.gmfhealth.com.au or on request by calling a Member Service Consultant on 1300 653 099.

PLEASE DETACH AND RETAIN THIS SECTION FOR YOUR RECORDS

Direct Debit Service Agreement

1. HealthGuard Health Benefits Fund Limited trading as GMF Health User ID: - 159206 (Debit User) will initiate direct debit payments in the manner referred to in the Schedule. 2. Debit payments will be made when due. GMF Health will not issue individual confirmation of payments made. 3. GMF Health will give the member at least 14 days written notice if GMF Health proposes to vary details of this arrangement, including the amount and frequency of payments. 4. If the member wishes to defer any payment or alter any of the details referred to in the Schedule, the member must either telephone GMF Health on 1300 653 099 or write to GMF Health at PO Box 513, Kalgoorlie WA 6433. 5. Any queries concerning disputed debit payments must be directed to GMF Health in the first instance. Members may obtain details of the direct debit process by contacting GMF Health on 1300 653 099 or write to GMF Health at PO Box 513, Kalgoorlie WA 6433. 6. Direct debiting is not available on the full range of accounts at all financial institutions. If in doubt, the member should check with their financial institution at which the account is held. 7. The member should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held. 8. By signing the Direct Debit Authority, the member warrants and represents that he/she/they is/are duly authorised to request the debiting of payments from the account described in the Schedule. 9. It is the members responsibility to have sufficient funds available in the account to be debited to enable debit payments to be made in accordance with their Direct Debit Authority. 10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. 11. If a debit payment is returned unpaid, the member may be charged a fee for each unpaid item. 12. Members wishing to cancel their Direct Debit Request or to stop individual payments must contact GMF Health by telephoning 1300 653 099 or by writing to GMF Health at PO Box 513 Kalgoorlie WA 6433 before the day their payment is due to be debited. 13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, GMF Health will keep details of the member's account and debit payments confidential.