Direct Debit Request



To set-up your direct debit details, please complete the form below and sign the declaration. Alternatively, you can login to your Online Member Centre to update your details 24/7. Visit **hif.com.au/members**

Member details				
Member number:		Title:	Title:	
First name:		Surnar	Surname:	
Street address:		Suburk	0:	
State:		Postco	de:	
Date of birth:		Email:		
Telephone:		Mobile	Mobile:	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Payment frequency				
I request that you debit my acco it to the HIF membership number		e with the Direc	ct Debit Service Agreement and credit	
Preferred payment frequency:	Fortnightly	Monthly	Quarterly	
	Half-yearly (2% discount applies)			
	Annually (4% o	discount applie	scount applies)	
Commencement date:				
Y	our payment will be de	bited on this day or i	the next working day.	
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Payment method				
Please complete your bank acco	unt details below	for ongoing Di	rect Debit payments:	

If you'd prefer to pay by Credit Card, please visit **hif.com.au/members** or contact us on **1300 134 060**.

Please note: We need 10 working days notice for direct debit changes.

Please complete the declaration on the following page before submitting your form.

Bank Account

Account No:

Account Name:

BSB:

Direct Debit **Request**

• • • • • • • • • • • • • • • • • • • •	
Direct Credit Registration	
By registering for 'Direct Credit', we'll electronically credit whenever you make a claim. You're only required to compabove. (Please note, we are unable to electronically credit	lete if your details are different from the
BSB: Ac	count Number:
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Declaration	
I/We request that premiums for my/our HIF policy covere Electronic Clearing System (BECS)*, and which are subject Debit request service agreement, from my/our account comproviding your payment details, you have authorised us to of changes to your level of cover, premium or if HIF is entitled the amount to be charged from the appropriate accordance with such changes.	ct to the terms and conditions of the Direct onducted with your financial institution. By o arrange for funds to be debited in the event tled to a payment of arrears. You authorise
Signature:	Date:

*Direct debit through Bulk Electronic Clearing System (BECS) may not be available on all accounts. Please check with your financial institution.

Once you have completed the form, please email it to us at **hello@hif.com.au** or mail to HIF, Whadjuk Country, GPO Box X2221, Perth WA 6847

Privacy Collection Statement

At HIF we comply with the *Privacy Act 1988* to ensure that your personal (including sensitive) information is protected. HIF collects your personal (including sensitive) information to provide you with private health insurance services. If you choose not to share this information with us, we may not be able to provide you with such services. To perform private health insurance services, such as paying benefits, HIF may disclose your personal information to persons or organisations within Australia.

HIF collects, uses, and discloses your personal information in accordance with our Privacy Policy and the Private Health Insurance Collection Statement at hif.com.au/privacy which explains how HIF handles your personal information. This includes information on acknowledgement and consent, how we may collect, use and share your personal information, how to access your personal information and correct it when it is wrong, and how to make a privacy related complaint and how we will respond to it.

If you would like a copy of our Privacy Policy, need more information, or have a privacy concern, you can call 1300 134 060, email privacyofficer@hif.com.au, or mail HIF's Privacy Officer at GPO Box X2221, Perth WA 6847.



Direct Debit Service Agreement



The following is your Service Agreement for your payment arrangements with HIF for your health insurance premiums. This agreement is designed to explain what your obligations are when undertaking an arrangement with us. It also details what our obligations are to you.

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 and should be read in conjunction with your Direct Debit Request Form.

1. Debiting your account

By providing your payment details, you have authorised us to arrange for funds to be debited from your nominated account or credit card.

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 a debit is returned unpaid, HIF will automatically attempt to debit the authorised account again within two business days.

By entering into this agreement, you authorise HIF to alter the amount to be debited in the event of changes to your level of cover, premium or if HIF is entitled to a payment of arrears. You authorise HIF to alter the amount to be charged from the appropriate date and for the appropriate amount in accordance with such changes.

If you are uncertain as to when the debit will be processed from your account or have any enquiries, you should contact us on **1300 134 060**.

We will provide you a minimum of 14 days' notice if the terms of the arrangement are to change.

2. Amendments by you

You may change, stop, defer a debit payment or terminate this agreement by providing us with at least ten (10) business days notification, by telephoning us on **1300 134 060** during business hours or through our Online Member Centre (hif.com.au/members).

You may also stop a direct debit payment or cancel your direct debit request by contacting your financial institution.

3. Your obligations

It is your responsibility to:

- (a) ensure that there are sufficient funds available in your nominated account to meet the debit payment on the nominated date;
- (b) advise HIF if the account you have nominated to debit your premiums from is closed, transferred or if a credit card, the new new expiry date;
- (c) ensure that the nominated account can accept direct debits; and
- (d) ensure that suitable arrangements are made if you cancel the direct debit arrangement yourself with

your financial institution.

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) upon the provision of a minimum 14 days notice as outlined in clause 1, we will be entitled to recover any premiums in arrears by increasing the amount of any one or more debit payments until all premiums in arrears are paid; and
- (d) we may, at our absolute discretion, cancel the direct debit arrangement and, in addition to any other course of action we may have in respect of your membership, we shall issue you with a notice of rejection and a renewal notice.

4. Dispute

If you believe that there has been an error in debiting your account, you should notify us immediately on 1300 134 060 so that we can resolve your query promptly. Upon such notification, we shall be granted a maximum of ten (10) business days to resolve your query before you shall be entitled to seek rectification/resolution by any other means.

5. Accounts

Direct debiting via the Bulk Electronic Clearing System (BECS) is not available on all accounts. You should check:

- (a) with your financial institution whether direct debiting is available; and
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the Direct Debit Request Form if you have any queries about the Direct Debit Request.

If you are uncertain about either of these details, you should confirm them with your financial institution before completing this Direct Debit Request Form.

6. Confidentiality

We will keep any information (including your account details) in your Direct Debit Request Form confidential and will not use it for any purpose not connected with this agreement, without your consent. 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



Direct Debit Service Agreement

make any unauthorised use, modification, reproduction or disclosure of that information in accordance with our Privacy Policy.

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).

7. Notice

If you wish to notify us in writing about anything relating to this agreement, you can write to us at HIF, Whadjuk Country, GPO BOX X2221, Perth WA 6847 or email us at hello@hif.com.au. We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request Form or if your preferred method of communication is email, we will notify you by sending a notice to the email address you have given us in the Direct Debit Request Form.