



Queensland Country Credit Union member no.

Queensland Country Health Fund membership no.

Form of Authority to debit amounts to accounts by the Direct Debit System

Your Details

Title Policy Holder Surname

Given Names

Address

Home Phone Daytime Phone Mobile

Email Address

Method of payment

I'd like to pay my premiums automatically by direct debit.

OPTION A - my bank, building society or credit union

OPTION B - my credit card account (Visa and Mastercard only)

Please choose only one of these options and fill in your frequency preference and account details below.

I would like my premiums to be deducted every: Month Quarter Six months 12 months

OPTION A - my bank, building society or credit union

Name of financial institution

Name(s) of account holder(s)

BSB

Account number

OPTION B - my credit card account

I authorise Queensland Country Health Fund to charge my:

Visa Mastercard

Credit card number

Cardholders name (as shown on card) Expiry (mm/yy)

I/We request Queensland Country Health Fund to arrange funds to be debited from my/our account in accordance with the terms described in the schedule.

I/We request Queensland Country Health Fund to arrange funds to be debited from my/our account in accordance with the terms described in the schedule.

Account Holder's Signature - If joint account all signatures required

Signature

Credit Card Holder's Signature

Signature Date

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 is between you and us.
- Business day means a day other than a Saturday or Sunday or a national public holiday.
- 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 is between you and us.
- Us or We means Queensland Country Health (ABN 18 085 048 237) whom you have authorised by signing a Direct Debit Request.
- You means the customer who signed the Direct Debit Request.
- Your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

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 business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account will be debited you should ask your financial institution.

Changes by us

- We may vary any details of the Agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days' written notice.

Changes by you

- If you wish to stop or defer a debit payment, you must notify us in writing at least seven (7) days before the next debit day. This notice should be given to us in the first instance.
- You may cancel your authority for us to debit your account at any time by giving us seven (7) days notice in writing before the next debit day. This notice should be given to us in the first instance.
- You may change the arrangement (but not stop, defer or cancel) under a Direct Debit Request by telephoning us on 1800 813 415.
- 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 funds in your account to meet a debit payment:
 - you may be charged a fee and/or interest by your financial institution;
 - you may also incur fees or charges imposed or incurred by us; and
 - 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.

Disputes

- If you believe that there has been an error in debiting your account, you should notify us directly on 1800 813 415 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.
- If we conclude, as a result of our investigations, that your account has been incorrectly debited we will request 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 provide you with reasons and any evidence for this finding.
- Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between you and us.

If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

Accounts

You should check:

- 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;
- your account details which you have provided to us are correct by checking them against a recent account statement, and
- with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

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
 - to the extent specifically required by law, or
 - for the purposes of this Agreement (including disclosing information in connection with any query or claim).

Notice

- If you wish to notify us in writing about anything relating to this Agreement you should write to:
Queensland Country Health Fund Ltd
PO Box 42, Aitkenvale QLD 4814
- We will notify you by sending a notice in the ordinary post to the address you have given to us in the Direct Debit Request.
- Any notice will be deemed to have been received two business days after it is posted.