

## Direct Debit Request Service Agreement

1. By completing the direct debit request you authorise Latrobe to debit funds from your nominated account. You should refer to the direct debit request and this agreement for the terms of the agreement.
2. Latrobe Health Services (Latrobe) will debit only the account nominated in this direct debit request.
3. Latrobe will give written notice to you should it propose to vary the arrangements (including the amount drawn to ensure your premium obligations are met) of the direct debit request.
4. You may ask Latrobe to cancel, defer or alter the payment amount, due date or payment frequency by phoning 1300 362 144, online at [latrobehealth.com.au](http://latrobehealth.com.au) or visiting any Latrobe branch at least 5 business days before the next direct debit date. However, if you wish to change the drawing account details, you may be asked to complete a new direct debit request form.
5. Some financial institution accounts do not facilitate direct debits and you must check with your financial institution to ensure the account you have nominated in the direct debit request enables direct debiting.
6. The direct debit will be made on the agreed due date nominated in the schedule. When the due date is a weekend, or a state or national public holiday, Latrobe will initiate the direct debit on the next business day. You may direct processing date inquiries to your financial institution.
7. You are responsible for ensuring that sufficient cleared funds are available at all due dates of the direct debit. If your financial institution returns an unpaid debit due to insufficient funds, Latrobe will apply an Outward Dishonour Fee to your account.
8. In the event that we are unable to withdraw full payment from your nominated account, we will contact you to notify you of the date and amount of the next direct debit that will be deducted from your account. After 2 failed attempts to debit your account we will remove you from the direct debit system. Please note that you will be responsible for paying any arrears that arise on your membership due to a direct debit not being deducted, for whatever reason. You should check your account statement to verify that the amounts debited from your account are correct.
9. If you wish to cancel this direct debit request, you must notify Latrobe in writing not less than 5 business days before the next scheduled direct debit. This request may also be directed to your financial institution.
10. Latrobe will assist you in the event of any disputed payment amount, and will endeavour to provide a response within 7 business days. Alternatively, you can raise the dispute with your financial institution directly.
11. Latrobe agrees to keep confidential all records and account details of this direct debit request unless authorised to release such information relating to a dispute or similar event where you have provided prior consent to do so or as required by law.

# Member Direct Debit Authority Form



► Direct debit is convenient

Choose the convenience of paying your private health cover by direct debit. We'll automatically deduct your membership payments from your bank account or credit card.

► It's flexible

Choose a payment frequency to suit you:

- Weekly
- Fortnightly
- Monthly
- Quarterly
- Half yearly
- Yearly

### Providing your direct debit details



Call 1300 362 144 and we'll answer any questions you may have, then we'll do it all for you on the spot. Be sure to have your account details and BSB number ready when you call.



Visit latrobehealth.com.au and login / register for the online member area to manage your membership online.



Latrobe Health Services  
Reply Paid 41  
Morwell Vic 3840

### Direct debit request

Member No.:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I authorise Latrobe Health Services (user ID Number 002319) to debit funds from my financial institution through the Bulk Electronic Clearing System, as detailed below, in accordance with Latrobe's Direct Debit Request Service Agreement. The payment is for my health insurance premiums.

#### Payment frequency

- Weekly     Fortnightly     Monthly  
 Quarterly     Half yearly     Yearly

#### To commence on

Please select the regular day or date you'd like your deductions to be processed

### Direct debit payment details

Name of financial institution \_\_\_\_\_

Account name \_\_\_\_\_

BSB No.:    -

Account No.:

### Credit card payment details

**Please note: Due to credit card security compliance, we are unable to collect credit card details.**

Options to pay via Direct Debit with a Visa or Mastercard are:

- Register through our Online Member Services portal
- Call 1300 362 144 to add/change your details over the phone
- We can contact you, please supply your contact number above

### Direct debit request authorisation

By signing this direct debit request, I acknowledge having read and understood the Terms and Conditions governing the debit arrangements between me and Latrobe as set out in this request and the Direct Debit Request Service Agreement. I declare that the information provided on this form is true and correct. I understand that there are penalties for giving false or misleading information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Second account signatory (if required) \_\_\_\_\_

Date \_\_\_\_\_

\*Not available on all products.