Direct Debit & Direct Credit Application Form

Please fill in the form and send to: Transport Health, PO Box 545, Strawberry Hills NSW 2012 or email enquiries@transporthealth.com.au



Direct Debit Payments

Direct Debit is the most convenient way to pay your health cover membership and ensure that you're always up to date and covered.

When you select Direct Debit as your preferred option, it means that payment for your Transport Health membership is deducted directly from your nominated bank, building society or credit union account, or credit card.

Simply complete sections 1 and 2 on the application form in this brochure and return it to Transport Health to arrange for your payments to be made by Direct Debit.

Direct Credit Claim Payments

With Transport Health's Direct Credit service, you can receive your claim payments even faster. By selecting this option, whenever you make a claim your entitlements are paid directly into your nominated bank, building society or credit union account. Payments cannot be credited to credit cards.

You can elect to have your claim benefits paid into the same financial institution account that you have nominated for your Direct Debit payments, or you may wish to nominate a different account. If your payments are being deducted form your credit card, you will need to nominate a separate account to make use of the Direct Credit option.

To register, simply complete sections 1 and 3 on the application form in this brochures and return it to Transport Health.

Direct Debit service arrangement

This section sets out your rights, our commitment to you and your responsibility to us, and where you should seek assistance in relation to your direct debit arrangement with Transport Health.

In the terms of the Direct Debit Request arrangement between us and signed by you we undertake to periodically debit your nominated account in accordance with your signed authority.

If the drawing falls due on a non-business day it will be deducted on the next business day following that date. We will give you at least

14 days notice when we intend to make changes to the initial terms of this arrangement.

If you require changes to the arrangement please notify us in writing at least 2 business days prior to your next scheduled payment. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping any individual debit; or
- suspending the DDR; or
- cancelling the DDR completely

If you have a dispute regarding a direct debit arrangement or payment please contact the fund immediately. In the event of an unsatisfactory outcome you should follow our disputes resolution policy or contact your financial institution.

It is your responsibility to ensure that your nominated account can accept direct debits (check with your financial institution) and that sufficient cleared funds are in the nominated debiting account on the date payments are due.

You must also advise us if the nominated account is transferred or closed. Where you have elected to make payments by credit card, you need to contact us to advise when your card is due to expire and provide new card details to ensure you have continuity of cover.

For returned unpaid transactions Transport Health will notify you in writing and will outline the procedure to follow. Any transaction fees payable by us in respect to the above may be passed on to you.

- · Complete Section 1 and 2 to arrange automatic payment of your membership contributions from your nominated account
- · Complete Section 1 and 3 to have your claims paid directly into your nominated account

1. Membership Details

Title Surname		First Name		
Address			State	Postcode
Telephone (Home)	Telephone (Work)	Mobile		

2. Method of payment				
Direct debit from my Bank/Building Society/Credit Union (complete Di	rect Debit Request)			
Direct debit from my credit card/debit card (Credit Card authorisation procedure as below)				
Credit Card Deductions				
Due to changes to the credit card industry security standards, Transport He Financial Institution. Should you choose to have your Debit from a Credit card.				
Your Contact Number during Business Hours				
Payment Option 1: Direct debit from a Bank Account				
I/we authorise Transport Health (User ID 217348) to deduct from the following	ing account:			
Preferred payment frequency: Fortnightly Monthly				
Indicate your preferred date for premiums to be deducted: /				
Name of Financial Institution	BSB/Branch Number Account Number			
Branch	Account holder name (first initial and surname)			
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Payment Option 2: Direct Debit from a Credit Card				
I/we authorise Transport Health to deduct from the following Credit Card:				
Card holder name				
Card Type: Visa Mastercard Preferred payment frequence	y: Fortnightly Monthly			
Declaration				
	ount to take into account the difference in premiums should my joining date			
Signature Date	Signature Date			
(Note: If debiting from a joint account, all signatures may be required)				
3. Claim benefits				
3. Claim benefits Have your payment of claims credited directly into your Bank Account	(Note: claim refunds are not payable to a credit card)			
Yes I would like my claims paid into my nominated bank account as de				
I would like to nominate a bank account for the payment of claims				
Name of Financial Institution	BSB/Branch Number Account Number			
Branch	Account holder name (first initial and surname)			
Signature Date				