

Direct Debit Request

Policy Number

Payment Instructions *Please complete this page and return it in the reply paid envelope within 14 days if you have not provided a verbal Direct Debit Request.*

Customer Name(s)

Surname

Given Names

Surname

Given Names

Customer Number

Policy Number

Instalment Amount \$

Payment Frequency Fortnightly Monthly Yearly

Request and Authority to Debit the Account Named below

I/We *(insert your name in full)*

request and authorise Allianz Australia Insurance Limited ABN 15 000 122 850 (User ID – 127748) to arrange for any amount to be debited or charged through the Bulk Electronic Clearing System from any Account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

By signing this Direct Debit Request I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between myself/us and Allianz Australia Insurance Limited as set out in this Request and in the Direct Debit Request Service Agreement.

Customer Signatures

(If joint bank account, all signatures are required)

Customer Address

Details of Account to be Debited *(Insert name and address of Financial Institution at which your account is held)*

Name of Account

BSB Number

Account Number

Credit Card Debit Authority

Policy Number

Please charge my card for

\$ MasterCard Visa Card American Express

Card No. - -

Card Valid from / / to / /

Name

Signature