

Direct Debit Request Form

AC&L



Direct debit information

- **Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are not sure.**
- **The financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.**

I/We request that you, until further notice in writing, to debit my/our account detailed below, any amounts which The National Mutual Life Association of Australasia Limited (The User) (User ID 109) may debit or charge me/us, through the direct debit system.

Customer details

Title	Surname	Given name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street number and name		Town/Suburb	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial institution and account details

Financial institution	Branch name			
<input type="text"/>	<input type="text"/>			
Branch street number and name	Town/Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Account name	BSB number	Account number		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Signature of account holder(s)				Date
<input type="text"/>				<input type="text"/> / <input type="text"/> / <input type="text"/>
Policy number(s)				
<input type="text"/>				

Frequency of debit required (please tick one)

- Fortnightly (AXA only) Monthly Quarterly (AXA only) Half Yearly Yearly

Credit card authority

► Only complete this section to pay your insurance premiums by credit card.

I authorise AXA to debit my credit card account, the initial deposit premium or future premiums as indicated in the schedule below:

Credit card type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Expiry date
Credit card number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	

- Initial deposit premium \$ **AND/OR** Future premium deductions

Frequency of debit required (please tick one)

- Fortnightly (AXA only) Monthly Quarterly (AXA only) Half Yearly Yearly

Name as shown on credit card

<input type="text"/>			
Cardholder's street number and name	Town/Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's signature	Date signed		
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		

See overleaf for 'Direct debit request service agreement'

Direct Debit Request Form

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We will only deduct premiums from your chosen account. Your policy schedule shows the premium amount and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Changing your payment details

- You may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 132 987.

Can we help?

- If you have any queries about your direct debit agreement please contact our Customer Service Centre on 132 987.
- We undertake to respond to queries concerning disputed transactions within 5 working days of notification.