

# Credit card payment

## 1. Membership details

Title  First name

Family name

Address

Suburb/City  State  Postcode

Medibank membership number (if you have one)

I authorised Medibank to charge my credit card  
(please select below)

on this occasion only for the amount of \$

automatically, each month

I/We would like the first debit to occur on

Date (DD/MM/YYYY):       and thereafter at  
monthly intervals.

(Note: Credit card deductions are only made on the 11th of the month.)

If my cover or the premium for my cover changes, or if Medibank is entitled to a payment of arrears, I authorise Medibank to alter the amount to be charged, from the appropriate date, and for the appropriate amount.

## 2. Credit card details

Master Card  VISA

Cardholder's name

Credit card no.

Expiry date

## 3. Declaration

I/We acknowledge that the direct debit arrangement is governed by the terms and conditions of the Direct debit client service agreement (see opposite) and authorise Medibank to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment. I/We authorise Medibank to alter the amount from the appropriate date in accordance with such changes.

Cardholder's  
Signature

Date

All forms should be  
returned via fax **(07) 3026 0557**  
or posted to Medibank  
GPO Box 9999 in your capital city.  
For other forms call **132 331**  
or visit a Medibank store.

Office Use Only

R1 Org Code

## Direct debit client service agreement for the payment of Medibank Private health insurance premiums

### OUR COMMITMENT TO YOU

#### Drawing arrangements

We will advise you, in writing, of the drawing details for the payment of your premiums.

These details will include the amount, frequency and commencement date of the deductions and, where possible, will be issued ten (10) business days prior to the first deduction.

Where the due date for a debit falls on a non-business day, we will draw the amount on the following business day.

We reserve the right to cancel the direct debit arrangement for your premiums if three (3) debits are returned unpaid by your financial institution. We will advise you in writing if this occurs.

In the event a debit is returned unpaid, we may attempt a redraw on your nominated account three (3) days or more after the rejection.

By entering into this agreement, you authorise Medibank Private to alter the amount to be debited in the event of changes to the level of cover, premiums or arrears payment. You authorise Medibank Private to alter the amount from the appropriate date in accordance with such changes.

#### Your privacy

We will keep all information pertaining to your nominated account at the financial institution private and confidential and we will not use it for any purpose not connected with this agreement, without your consent. We will only use other personal information you provide in accordance with Medibank Private's Privacy Policy.

To obtain the latest version of our Privacy Policy, visit [medibank.com.au](http://medibank.com.au) or visit a Medibank store.

#### Your rights

You may do the following by contacting us at least ten (10) business days in advance:

- change the frequency of deductions\*;
- change the date on which deductions are regularly made\*;
- change your nominated account;
- terminate this direct debit arrangement; or
- stop the debiting of an individual premium debit.

Where you consider the debit is incorrect in either the frequency or amount, or both, you should raise the matter with Medibank Private.

\*Deductions from a credit card can only be made on the 11th of each month at monthly intervals.

#### Your responsibilities

It is your responsibility to:

- ensure sufficient funds are available in the nominated account to meet the debit on the nominated date;
- advise us if the account you have nominated to debit the premiums from is transferred or closed;
- ensure that suitable arrangements are made if the direct debit is cancelled by yourself; by your nominated financial institution; by us due to three (3) returned unpaid debits; or for any other reason;
- ensure that the nominated account can accept direct debits.  
If you are unsure, please check with your financial institution.

#### Enquiries and disputes

Please contact us on 132 331 with any enquiries. If you disagree with a debit, please contact us and we will respond within five (5) days. If we cannot substantiate the debit, you will be refunded. You may also direct your dispute enquiries to your financial institution.

Print form

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