

Direct Debit Request Form



Member Details:

Member Number: _____

Member Name: _____

Street Address: _____

Suburb: _____

State: _____

Postcode: _____

I/We authorise and request GMHBA Limited User ID No. 015617 to arrange for funds to be debited from my/our account at the financial institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS) and to apply these funds in payment of the member's premium up to the next direct debit date, including any arrears of premium. This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement (see over).

Bank/Financial Institution:

Bank Name: _____

Bank Address: _____

Account Name: _____

BSB Number:

Account Number:

The frequency of the direct debit is _____ (fortnightly, monthly, quarterly, half yearly, yearly)

The first direct debit is to take place on ____/____/____ (excluding the 29th, 30th & 31st of any month).

I/We have read and accept the terms of the Direct Debit Request Service Agreement as may be amended from time to time by GMHBA and authorise the following:

- I. GMHBA to verify the details of the above mentioned account with my/our financial institution
- II. My/Our financial institution to release information allowing GMHBA to verify the above mentioned account details.

Signature of account holder/s: _____

Date: / / _____

Please note that the above signature must have legal responsibility for the membership.