Fax

To:	xLife	**From:**	
Fax:	02 8569 0331	**Pages:**	
Phone:	1300 135 205	**Date:**	
Re:	Direct Debit Form	**CC:**	-

To xLife,

Please update my direct debit details as attached.

First Name: _____

Last Name: _____

Phone Number: _____

Policy Number: _____

Section 22. Payment Method

Payment Options

☐ Cheque   ☐ Direct Debit   ☐ Credit Card

Frequency

☐ Annually   ☐ Half Yearly   ☐ Monthly

Section 23. Your Authority to MetLife Insurance

I/We

_____

(Surname or Company Business Name)

_____

(Given names or ABN/ARBN)

_____

(Surname or Company Business Name)

_____

(Given names or ABN/ARBN)

authorise MetLife Insurance Limited (the User)
(User ID No. 11238) to instruct the Financial Institution
described below to debit my/our account, as described in The
Schedule, any amount which the User may charge me/us in
accordance with the Application Form.

Customer Address

_____

Suburb

State   Postcode

Name of Bank/Financial Institution

_____

Address

_____

Suburb

State   Postcode

Signature

✗ _____

Date

DD / MM / YYYY

Signature

✗ _____

Date

DD / MM / YYYY

Section 24. The Payment Schedule

Full Name of Account

_____

_____

Address

_____

Suburb

State   Postcode

Account Type

☐ Cheque

☐ Non-Passbook Savings

Bank/State/Branch Number

☐☐☐ – ☐☐☐☐☐☐

Account/Member No.

_____

_____

OR

If paying by Credit Card

☐ MasterCard

☐ Visa Card

☐ Bankcard

☐ Diners Club

Cardholder's Name

_____

Card Number

☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

Expiry Date

DD / MM / YYYY

Cardholder's Signature

✗ _____

Date

DD / MM / YYYY

090118