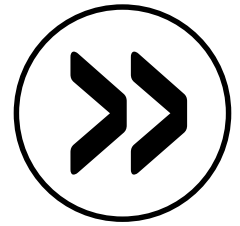


# Direct debit request



- » We must receive this form at least 10 business days before the first debit to allow enough time for your request to be processed.
- » Please be aware that paying for another person's health cover does not automatically entitle you to obtain information about the membership or to make decisions about the membership. For this type of authority a Third Party Authority form must be completed.

## Principal member's details (this is the person in whose name the membership is held)

RT membership number      Given names

Family name

Date of birth (dd/mm/yy)

## Direct debit payment arrangements

Weekly      Fortnightly

Weekly and fortnightly payments will be debited on Fridays.

I/We would like the first debit to occur on      /      /

Monthly

Monthly payments can be debited on any day between the 1st and 28th of the month. If your chosen direct debit date falls on a weekend or public holiday, your debit will be taken on the following banking day.

I/We would like the first debit to occur on      /      /

Quarterly      Half-yearly      Yearly

All other payments will be debited on the 6th of the month, or the following banking day if the 6th falls on a weekend or public holiday.

I/We would like the first debit to occur on 06 /      /

## Complete this section if you wish to have your contributions deducted from your credit card account

(Complete the bank account details over the page if you want to set up a debit from a bank, building society or credit union account.)

Name on card

Card number

Expiry date (mm/yy)

Type of card

Mastercard

Visa

I (insert your name)

authorise RT Health fund to debit the nominated credit card account for payment of contributions and to vary the amount of the debit as required for changes to contribution rates as notified or requested.

Cardholder please sign here

Name (please print)

Today's date

RT HEALTH



**Complete this section if you wish to have your contributions deducted from your bank, building society or credit union account**

(Complete the credit card account details over the page if you want to set up a debit from a credit card account.)

Direct debiting is not available on all types of account, if you are in doubt as to whether it is available, please contact your financial institution.

If the account from which contributions are to be deducted is a joint account, please include both account holders' names below.

Given names

Family name

Given names

Family name

I/We request you, until further notice in writing, to debit my/our account any amounts which RT Health (ABN 68 000 026 746, user id number 018015) may debit me/us for health cover contributions through the Bulk Electronic Clearing System (BECS).

I/ We understand and acknowledge that this agreement is governed by the terms of the Direct Debit Service Agreement (attached to this form) and the terms and conditions of my/our RT Health membership.

I/ We authorise RT Health to debit the nominated account for payment of contributions and to vary the amount of the debit as necessary for changes to cover or contributions.

Name of bank, building society or credit union

BSB number

Account number

Account name

**Would you like to nominate this as the account your claim benefits are paid into?**

Yes      No      If no, you can nominate a different account when you complete your first claim form.

Account holder please sign here

Principal member please sign here

Name (please print)

Name (please print)

Today's date

Today's date

Account holder please sign here


Name (please print)

Today's date

(The principal member is the person in whose name the membership is held. An 'authorised person' is someone the principal member has previously given permission to manage the membership via a partner authority, third party authority or power of attorney. You can download a form from our website if you would like to set up a partner or third party authority.)

**Send your completed form to us by:**

 Emailing to [help@rthealthfund.com.au](mailto:help@rthealthfund.com.au)

 Mailing to PO Box 545 Strawberry Hills NSW 2012

RT Health is a division of the Hospitals Contribution fund of Australia Limited (ABN 68 000 026 746).

**RT HEALTH**



# Direct Debit Request Service Agreement

"We", "us", "our" and "HCF" in this Direct Debit Customer Service Agreement (Agreement) refers to The Hospital Contribution Fund of Australia Limited ABN 68 000 026 746.

RT Health means HCF, a division of The Hospitals Contribution Fund of Australia Limited (ABN 68 000 026 746) called RT Health.

You agree to be bound by the terms and conditions of the Agreement when you make a request to RT Health to pay premiums (premiums) for an insurance policy issued by RT Health (HCF policy) using a direct debit facility with a bank, building society or credit union account or credit card (nominated account).

The Agreement details your rights and responsibilities when undertaking a direct debit arrangement with us. Please keep this Agreement for future reference. It forms part of the terms and conditions of your direct debit request and should be read in conjunction with your direct debit request authorisation.

The reference to "business day" in the Agreement is to a day that is not a Saturday, Sunday, bank holiday or public holiday in New South Wales.

## RT Health's commitments to you

- We will confirm direct debit details within five (5) business days prior to the first debit date including the direct debit amount and the date of the direct debit that you have nominated.
- If you change any direct debit details, we will confirm all changes in writing, no later than five (5) business days from receiving your request.
- We will advise your financial institution to debit your nominated account on your nominated debit date. The exact time of the debit depends on your financial institution. Please contact them if you require the exact time of the debit. If your debit date occurs on a non-business day, we will advise your financial institution on the following business day to debit your nominated account.
- If three (3) or more consecutive debits are returned unpaid from your financial institution, RT Health may terminate the Agreement by providing you with notice in writing.
- We will keep information about your nominated account confidential and will only disclose it to a third party where required to complete direct debits, in connection with a claim against your financial institution or to perform our obligations under the Agreement.
- We may vary your nominated debit amount if:
  - there are premiums owing prior to your first debit are higher than the nominated debit amount in which case we may increase the nominated debit amount to include the premiums payable;
  - premiums are in arrears prior to your debit date in which case we may increase the nominated debit amount to include the premiums payable;
  - if the policyholder on the RT Health policy changes to a different insurance policy issued by RT Health which has a different premium in which case we may change the nominated debit amount to reflect the new premium;
  - there is a change in the payment frequency or payment method for the premiums in which case we may change the nominated debit amount to reflect the new premium;
  - you change your nominated debit date in which case we may change the nominated debit amount to include the premiums payable on the new date;
  - your financial institution has returned a direct debit as unpaid, in which case we may increase the nominated debit amount to include the premiums payable;
  - the RT Health policy is reactivated after a suspension period in which case we may vary the nominated debit amount to reflect the premiums payable at that time;
  - the amount of the premium changes for any reason including change to the residence, nominated Australian Government Rebate tier or Lifetime Health Cover loading applicable to a person covered under the RT Health policy, in which case we may vary the nominated debit amount to reflect the new premium.

- If RT Health varies the nominated debit amount, RT Health will advise you of the new amount to be debited from your nominated account.
- Subject to the above paragraph, RT Health may vary any term of this Agreement by posting the updated Agreement on the RT Health website unless the variation has a detrimental impact on you in which case we will provide you with at least 14 days written notice.

## Your responsibilities

You must:

- ensure the direct debit details on RT Health's confirmation notice are correct by checking them against a recent account statement from your financial institution;
- ensure your nominated account can accept direct debits. You should check with your financial institution as direct debits may not be available on all accounts;
- check with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request;
- ensure sufficient cleared funds are available in your nominated account to meet the debit on the debit date. Where there are insufficient funds to cover your debit on the debit date, your financial institution may charge you a fee;
- advise RT Health if you close your nominated account as soon as practicable;
- advise us if your nominated account details change (including the card expiry date) as soon as practicable;
- where the direct debit payment has been stopped by your financial institution, contact your financial institution to reactivate your direct debit.

## Your rights

If you wish to make any of the following changes, you must notify us at least two (2) business days' notice in advance of your next direct debit date:

- cancel or suspend your direct debit arrangement;
- change your payment frequency; or
- change, stop or defer an individual debit payment.

If you provide the notice required above, we will process the requested change prior to your next direct debit date. You can also contact your own financial institution, which must act promptly on your instructions.

## Enquiries and disputes

We aim to resolve all issues within seven (7) business days of being notified by you. If for any reason it will take longer, we will advise you of the reason and an estimated resolution date.

If you believe that RT Health has taken the wrong amount from your nominated account, please contact the RT Health Member Care Team on 1300 886 123 during business hours and one of our staff will investigate your claim. If we conclude that your account has been incorrectly debited we will arrange a refund within 24 hours.

Where the problem arises with your financial institution, we will liaise with them and keep you updated. You may also direct your enquiries to your financial institution.

## Your Privacy

For information about how RT Health collects, uses, discloses, keeps and secures personal information including how to opt out from direct marketing, how to request access to a correction of your personal information or how to make a complaint about a privacy breach, please refer to the RT Health Privacy Policy. RT Health will only disclose information that we have about you to the extent specifically required by law or for the purposes of this Agreement (including disclosing information in connection with any query or claim). For a copy of the latest version of the RT Health Privacy Policy, call our member services team on 1300 886 123 or go to [rthealthfund.com.au/privacy-policy](http://rthealthfund.com.au/privacy-policy)

The agreement is governed by the laws of New South Wales and the parties submit to the non-exclusive jurisdiction of the courts in New South Wales.

