

Payment Options



Frequency of Payment

I'd like my premiums to be deducted: Fortnightly (Not available for accounts) Monthly Quarterly 6 monthly Yearly

Please complete ONE of the options below.

Option 1 - Bank Account Deduction

I/we authorise Health Care Insurance Limited (Debit user ID 16895) to arrange for payments to be debited from my/our nominated account at the Financial Institution below according to the instructions specified. This agreement is covered by the terms of the Direct Debit Request – Service Agreement at www.hcilt.com.au/terms.

Name of Financial Institution Branch

Name of account holder

BSB number / Account number

Please use this account for credit of benefit payments. Please use alternative account details for credit of benefit payments (as detailed below)

Name of Financial Institution Branch

Name of account holder

BSB number / Account number

Account Holder 1 Signature Date / /

Account Holder 2 Signature Date / /

Option 2 - Credit Card Deduction

Type of credit card MasterCard VISA American Express

Card number

Name on credit card Expiry date /

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request – Service Agreement available at www.hcilt.com.au/terms.

Card Holder's Signature Date / /

Option 3 - Manual payments

I wish to receive an account based on the frequency selected above. I undertake to pay all amounts payable by the due date specified on my account.

Accounts Frequency Monthly Quarterly 6 monthly Signature

Telephone and internet banking - BPAY options available. Contact your bank, credit union or building society to make this payment from your cheque, savings or credit card account. For more information go to www.bpay.com.au

Option 4 - Payroll deductions

I authorise the pay officer of to deduct from my pay \$

Payroll Frequency Weekly Fortnightly Monthly Commencing Pay Period Ending / / Payroll ID

This authorisation extends to any changes to my contributions that HCl may make. This authority is to continue until such time as it is withdrawn by me in writing.

Signature Date / /