

# Payment options

Complete this form, selecting only ONE of the options below, then return it to us at PO Box 931, Burnie TAS 7320 or enquiries@hcilt.com.au.

## Member details

Member number

Family name  Given name(s)

Phone  Mobile  Date of birth

Email (We require your email address to communicate with you. We may not be able to process your payment changes without your email address.)

Please let us know of any additions to your family or new address details via Online Member Services (OMS) or calling us.



Did you know that you can update your **Payment options** with our **Online Member Services** instead of using this form?

[www.hcilt.com.au](http://www.hcilt.com.au)

You can also look at your membership details, change your address or contact details, make credit card payments, order a new membership card or print your tax statement.

## Payment options

I'd like my premiums to be deducted  Monthly  Quarterly  6 monthly  Fortnightly (not for manual payments)

This authorisation extends to any changes to my contributions that HCl may make from time to time. This authority applies until it is withdrawn by me in writing. If I do not make a choice, premiums will be deducted monthly by default.

Please complete ONE of the options below.

### Option 1 Bank account deduction

I/we authorise Health Care Insurance (HCl) Limited (Debit user ID 16895) to arrange for money to be debited from my/our nominated account according to the instructions specified and the Service Agreement available at [www.hcilt.com.au/terms](http://www.hcilt.com.au/terms).

Name of financial institution

Name of account holder(s)  BSB number  Account number

Account holder 1's signature  Account holder 2's signature (if required)

Date  Date

For claims payable, please credit  the above account.  the following account.

Name of account holder  BSB number  Account number

## Payment options (continued)

### Option 2 Credit card deduction

Type of credit card:  MasterCard  VISA

Name on credit card

Card number

Expiry date

dd / mm / yyyy

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request - Service Agreement available at [www.hciltid.com.au/terms](http://www.hciltid.com.au/terms)

Card holder's signature

Date

dd / mm / yyyy

### Option 3 Manual payments

I wish to make my payments manually in advance, and undertake to pay all amounts by the relevant due dates. I understand that I'm required to ensure my HCl account is paid for a minimum of 30 days in advance at all times. I understand I can pay via BPAY or credit card, including via HCl's Online Member Services (OMS).

### Option 4 Payroll deductions

I authorise the pay officer of

Name of business or organisation

to deduct

\$

from my pay each

Week

Fortnight

Month

Commencing pay period ending

dd / mm / yyyy

Signature

Date

dd / mm / yyyy