

Complete this form if you would like to pay by direct *debit*

- 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.

Main 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

I/We would like my/our contribution of \$. to be debited:

Fortnightly

Fortnightly payments will be debited on Fridays. I/We would like the first fortnightly debit to occur on Friday

Monthly 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

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 heath 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)

X

Today's date / /

Continued
over page

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 93 087 648 744, 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 or elect to receive claim payments by cheque when you complete your first claim form.

Account holder please sign here

Name (please print)

X

Today's date / /

Account holder please sign here

Name (please print)

X

Today's date / /

Main member please sign here

Name (please print)

X

Today's date / /

(The main member is the person in whose name the membership is held. An 'authorised person' is someone the main 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
- faxing to 1300 887 123
- mailing to PO Box 545 Strawberry Hills NSW 2012
- dropping in to one of our member care centres.

If you have any questions our member care team is here to help.
Call us on **1300 886 123**.

be well. get well. stay well.



Direct Debit Request Service Agreement (DDR-SA)

Please copy this DDR-SA and keep for your records.

Definitions

account means the *account* held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public or bank holiday listed throughout Australia.

debit day means the day that payment by *you* is due to *us*.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you*.

rt health means the division of The Hospitals Contribution Fund of Australia Limited (ACN 000 026 746) called rt health

us or we means rt health *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit *your* contributions from.

Terms and conditions

1 Debiting

1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 We will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.

Or

We will only arrange for funds to be debited from *your account* if we have sent to the address nominated by *you* in the *direct debit request*, a billing advice that specifies the amount payable by *you* to *us* and when it is due.

1.3 If the *debit day* falls on a day that is not a *banking day*, we may direct *your financial institution* to debit *your account* on the following *banking day*. If you are unsure about which day *your account* has or will be debited you should ask *your financial institution*.

2 Changes by us

2.1 We may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least twenty-one (21) days written notice.

3 Changes by you

3.1 You may change, stop or defer a *debit payment*, or terminate this *agreement* by providing us with at least twenty-one (21) days notification in writing to: rt health, PO Box 545, Strawberry Hills 2012, or arranging it through *your own financial institution*.

4 Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *you* may also incur fees or charges imposed or incurred by *us*; and

(c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.

4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct

4.4 If railway & transport health ltd abn 93 087 648 744 ("rt health") is liable to pay goods and services tax ("GST") on a supply made in connection with this *agreement*, then *you* agree to pay rt health on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5 Dispute

5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 1300 886 123 and confirm that notice in writing with *us* as soon as possible so that we can resolve *your* query more quickly.

5.2 If we conclude as a result of our investigations that *your account* has been incorrectly debited we will respond to your query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. We will also notify *you* in writing of the amount by which *your account* has been adjusted.

5.3 If we conclude as a result of our investigations that *your account* has not been incorrectly debited we will respond to *your* query by providing *you* with reasons and any evidence for this finding.

5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that we can attempt to resolve the matter between *you* and *us*. If we cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on your behalf.

6 Accounts

You should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the direct debit request if *you* have any queries about how to complete the *direct debit request*.

7 Confidentiality

7.1 We will keep any information (including *your account* details) in *your direct debit request* confidential. We will make reasonable efforts to keep any such information that we have about *you* secure and to ensure that any of our employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about *you*:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8 Notice

8.1 If you wish to notify *us* in writing about anything relating to this agreement, you should write to: CEO, rt health, PO Box 545, Strawberry Hills 2012.

8.2 We will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* in the *direct debit request*.

8.3 Any notice will be deemed to have been received two *banking days* after it is posted

be well. get well. stay well.

