

Direct Debit Request

Use this form to Request and authorise see-u by HBF to debit your nominated account.



1 Member details

Full name:

Policy number:

Contact number:

2 Payment frequency

Weekly

Fortnightly

To be debited on which day of the week Mon-Fri:

Monthly

Quarterly

Half Yearly

Yearly

To be debited on which day of the month 1st-28th:

OR

A Direct debit from your bank account

Financial institution name:

Policy number:

BSB number:

Account number:

B Direct debit from your credit card

Name/s on account/credit card:

Credit card:

Visa

Mastercard

Card number:

Expiry date:

Your obligation

It is your responsibility to ensure that your account has sufficient clear funds available to allow a direct debit payment to be made. If your credit card expires, please notify the fund of your new card number and expiry date prior to your next direct debit payment.

3 Direct credit to your bank account

Please note - we cannot deposit funds into a credit card account.

Would you like us to automatically deposit your claim refunds into the above bank account?

Yes

No

If no, please complete account details below:

Name/s on account:

BSB number:

Account number:

4 Acknowledgement

I request and authorise see-u by HBF (User Id 400205) to arrange, through its own financial institution, a debit from my nominated account for any amount see-u has deemed payable by me. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution I have nominated above and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and see-u as set out in this Request and in your Direct Debit Request Service Agreement attached.

I agree that my personal information will be collected, used and disclosed in accordance with the privacy notice set out in the Member Guide and the HBF Group privacy policy.

Signed (by policy holder):

Date: