



Pay by direct debit and save!

Saves you time • Saves you money • Saves you hassles





It's just so easy

It's convenient

Choose the convenience of paying your private health cover by direct debit. *easypay* automatically deducts your membership payments from your savings, cheque or credit card account.

It saves you money

Save 2% on weekly, fortnightly, monthly and quarterly payment frequencies. (Please note this discount does not apply to Healthy Start, Federation Health branded products or Ambulance subscriptions.)

It's flexible

Choose a payment frequency to suit your budget. From weekly to yearly, there's something to meet your needs.

It's personal

Want to match the debit to your payday? Want to avoid all your bills coming due at the same time? With *easypay* you can even choose a particular date in the month, quarter, half year or year and day of the week or fortnight for the payment to be processed. (Remember, not all months have the same number of days, so you might like to choose a day between the 1st and the 28th if this is very important to you.)



Call **1300 362 144** and we'll answer any questions you may have, then we'll do it all for you on the spot. Be sure to have your account details and BSB number ready when you call.



Visit latrobehealth.com.au and go to the Online Services menu



Latrobe Health Services
Reply Paid 41
Morwell Vic 3840

Direct Debit Request

I/we
of address
Postcode

authorise Latrobe Health Services (User ID Number 002319) to debit funds from my financial Institution account as detailed in *The Schedule* below. The payment is for health insurance premiums identified by

Membership number

To commence on	/	/
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Please select the regular day or date you'd like your deductions to be processed

Direct Debit Request Authorisation

I/We have read and understood the *Service Agreement* and acknowledge and agree to it. I/We request this arrangement remain in force in accordance with *The Schedule* described below and in compliance with the *Service Agreement*.

Member's signature

Date	/	/
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Second account signatory (if required)
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Date	/	/
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Payment frequency

<input type="radio"/> Weekly	<input checked="" type="radio"/> F/nightly	<input type="radio"/> Monthly	<input type="radio"/> Quarterly	<input type="radio"/> 1/2 Yearly	<input type="radio"/> Yearly
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Direct Debit Payment Details

Name of financial institution
Address of financial institution
Postcode
Account holders name
BSB <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account no.

Credit Card Payment Details

Please note:

Due to credit card security compliance we are unable to collect credit card details.

Options to pay via Direct Debit with a Visa Card or Mastercard are:

- latrobehealth.com.au to add/change your details on line
- Call 1300 362 144 to add/change your details over the phone.
- Our Member Service Centre can contact you, please supply your contact number below

Contact telephone number:.....

Your Direct Debit Request Service Agreement

1. Latrobe Health Services (Latrobe) will debit only the BSB/Account nominated in this direct debit request.
2. Latrobe will give a minimum 14 days written notice to you should it propose to vary the arrangements of the direct debit request.
3. You may ask Latrobe to defer or alter the payment amount, due date or payment frequency by phoning 1300 362 144, or visiting any Latrobe branch. However, if you wish to change the drawing account details, you may be asked to complete a new direct debit request form.
4. Latrobe will assist you in the event of any disputed payment amount, and will endeavour to resolve the matter within the industry agreed time frames. You may visit any branch of your financial institution and complete a *Direct Debit System Claim Request* form to initiate this process.
5. Some financial institution accounts do not facilitate direct debits and you must check with your financial institution to ensure the account you have nominated in the schedule enables direct debiting.
6. The debit drawing will be made on the agreed due date nominated in the schedule. When the due date is a weekend, or a state or national public holiday, Latrobe will initiate the debit drawing on the next open business date. You may direct processing date inquiries to your financial institution.
7. You are responsible for ensuring that sufficient cleared funds are available at all due dates of the debit drawing. If your financial institution returns an unpaid debit due to insufficient funds, Latrobe will apply an *Outward Dishonour Fee* to your account.
8. In the event that we are unable to withdraw full payment from your nominated account, we will contact you in writing and notify you of the date of the next drawing and the amount that will be deducted from your account. After 2 failed attempts to debit your account we will remove you from the Direct Debit system. Please note that you will be responsible for paying any arrears that arise on your membership due to a direct debit not being deducted, for whatever reason. *You should check your account statement to verify that the amounts debited from your account are correct.*
9. If you wish to cancel this direct debit request you must notify Latrobe in writing not less than 7 days before the next scheduled debit drawing. This request may also be directed to your financial institution.
10. All requests for payment cancellation or changes, enquiries or disputes should be made directly to Latrobe.
11. Latrobe agrees to keep confidential all records and account details of this direct debit request unless authorised to release such information relating to a dispute or similar event where you have provided prior consent to do so.