

# Direct Debit Request



## YOUR DETAILS

Policy number (s)

Surname of Policy owner

Given name (s)

Title

Address

Postcode

Or Company/Business name giving direct debit request

ACN/ARBN/ABN (please circle)

Contact phone number

Mobile number

Policy owner 1 signature

Date / /

Policy owner 2 signature

Date / /

Please now complete either Section 1 or 2

## SECTION 1 (complete if debiting from your bank account)

### Request and authority to debit account

ClearView Life Assurance Limited user ID 022829 may direct an/or charge any amount through the Bulk Electronic Clearing System, from the account nominated on this form. Each debit or charge must be effected according to the Service Agreement.

Name of financial institution

Address of financial institution

Postcode

### Details of account to be debited

Name of account holder(s)

BSB number

Account number

Premium payment frequency

Monthly

Annually

### Signature (s)

Before signing this section, please read the Service Agreement which has been given to you. Your signature below will indicate you accept the terms of the Service Agreement and confirm that the details on this form have been checked and are correct.

If a joint account, please have all account holders' sign. If the account is held by a company, please have one director and the company secretary sign. If you are signing for and on behalf of another person or entity, please state the capacity in which you sign in the signature box below.

Signature One – Bank account owner

Date / /

Signature Two – Bank account owner

Date / /

## SECTION 2 (complete if debiting from your credit card)

### Credit card

**Do not complete if you have completed Section 1**  
**The Service Agreement only applies to people who have completed Section 1**

Name of cardholder(s) (as shown on card)

Credit Card Number

Expiry

/

Card Type

Mastercard

Visa

Premium payment frequency

Monthly

Annually

### Declaration

I/we authorise ClearView Life Assurance Limited, until further notice, to debit my/our credit card, the details of which are shown above, any amounts which ClearView Life Assurance Limited may debit or charge me/us.

Signature – Card Holder

Date / /

# Direct Debit Request Service Agreement

## 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.

*applicable premium* means the premium payable for the cover applying at the relevant time.

*business day* means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

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

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

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

*us* or *we* or *our* means ClearView Life Assurance Limited, the Debit User 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.

## Debiting your account

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* for payment of the applicable premium:

- (a) as authorised in the *direct debit request*; or
- (b) if we have sent to the address nominated by you in the *direct debit request*, a billing advice which 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 business day, we may direct your financial institution to debit your account on the following business 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 fourteen (14) days' written notice.

## 3. Changes by you

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a *direct debit request* by contacting us on 132 623.

3.2 If you wish to stop or defer a *debit payment* you must notify us in writing at least seven business (7) days before the next *debit day*. This notice should be given to us in the first instance; and/or arrange it through your *financial institution*.

3.3 You may also cancel your authority for us to debit your account at any time by giving us fourteen business (14) days' notice in writing before the next debit day. This notice should be given to us in the first instance; and/or arrange it through your *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 ClearView Life Assurance Limited is liable to pay goods and services tax (GST) on a supply made in connection with this *agreement*, then you agree to pay ClearView Life Assurance Limited 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 on 132 623 and confirm that notice in writing with us as soon as possible so that we can resolve your query.

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 us and you. 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 call 132 623 to obtain our appropriate mailing address and/or fax number.

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 business days after it is posted.