

# Direct debit authority

## Request and Authority to debit

Surname:	First name:	"you"
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request and authorise Hallmark Insurance Company Pty Ltd (User ID 450938) to arrange a debit to your nominated account to pay for premiums.

This debit or charge will be arranged by Hallmark Insurance Company Pty Ltd's financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from *your* nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

## Part A: Policy Owner and Contact details

Title:	First name:	Surname:
Policy number:		
Address:		
Suburb:	State:	Postcode:
Phone (H):	Phone (W):	Phone (M):

## Part B: Amount of debit

Any amount Hallmark Insurance Company Pty Ltd (User ID 450938) has deemed payable by you.

## Part C: Your account to be debited

Financial Institution name:	
Name/s on account:	
BSB number:	Account number:

OR

Payment by credit card: For security purposes we can only accept credit card details over the phone. If you wish to pay by credit card, we will call you to finalise payment when we receive the returned form.

I authorise the debit of my premiums from my (tick one): Mastercard ☐ Visa ☐

## Part D: Confirmation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:

- you are authorised to operate the nominated account; and
- you have understood and agreed to the terms and conditions set out in the Request and in your Direct Debit Request Service Agreement (see next page)

Signature:	Date:
<b>Second account signatory (if required).</b> Signed in accordance with the account authority on your account	
Signature:	Date:
Name:	
Address:	
Suburb:	State: Postcode:
Email:	Phone:

Please return the completed form to Let's Insure. You can either:

1. Scan & email to [customer care@letsinsure.com.au](mailto:customer care@letsinsure.com.au) (please put 'CONFIDENTIAL, Policy Owner's surname, Policy No.' in the subject line); or
2. Mail to Customer Care, PO Box 7395, Cloisters Square WA 6850 (please mark the envelope as CONFIDENTIAL).

# Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Hallmark Life Insurance Company Pty Ltd (User ID 450938) ABN 87 008 446 884 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

PO Box 7395  
Cloisters Square WA 6850  
customer@letsinsure.com.au

## 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 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 written, verbal or online request between us and you to debit funds from your account.

**us** or **we** means Hallmark Life Insurance Company Ltd, (the Debit User) you have authorised by requesting a Direct Debit Request.

**you** means the customer who has authorised the Direct Debit Request.

**your financial institution** means the financial institution at which you hold the account you have authorised us to debit.

## 1 Debiting your account

1.1 By submitting a *Direct Debit Request*, you have authorised us to arrange for funds to be debited from *your account*. The *Direct Debit Request* and this *agreement* set out 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 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 *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 Amendments 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 thirty (30) days written notice sent to the preferred email or address you have given us in the *Direct Debit Request*.

## 3 How to cancel or change direct debits

3.1 You can:

- (a) cancel or suspend the *Direct Debit Request*; or
  - (b) change, stop or defer an individual debit payment,
- at any time by giving us at least 7 days notice.

To do so, contact us at PO Box 7395, Cloisters Square WA 6850 or by telephoning us on 1300 355 355 during business hours.

You can also contact your own financial institution, which must act promptly on your instructions.

## 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) we may charge you reasonable costs incurred by us on account of there being insufficient funds; 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.

## 5 Dispute

5.1 If you believe that there has been an error in debiting *your account*, you should notify us directly on customer@letsinsure.com.au or 1300 355 355. Alternatively you can contact your *financial institution* for assistance.

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 within a reasonable period 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 in writing.

## 6 Accounts

6.1 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 Contacting each other

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to Hallmark Life Insurance Company Ltd at customer@letsinsure.com.au or PO Box 7395, Cloisters Square WA 6850.

8.2 We will notify you by sending a notice to the preferred address or email you have given us in the *Direct Debit Request*.

8.3 Any notice will be deemed to have been received on the second banking day after sending.