

Direct debit authority

Part A: Policy owner details

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

Part B: Direct debit details

Please complete your preferred method of payment

Bank account details

Name of bank:	
Name of account holder:	
BSB number:	Account number:

OR

Payment by credit card

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

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 your returned form.

Part C: Declaration

I/we confirm that I/we have the authority to provide this account/card information and I/we Authorise and Request the Insurer St Andrew's Life Insurance Pty Ltd (User ID 450938) 'Debit User', until further notice in writing, to debit my/our account for all premium payments you may debit or charge me/us.

By signing this Direct Debit Request, I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between me/us and St Andrew's Life Insurance Pty Ltd, as set out in this Request and the Direct Debit Service Agreement (see next page).

Signature: _____ Date: _____

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

1. Scan and email to customer care@letsinsure.com.au (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to The Customer Care Manager, Let's Insure, PO Box 7395, Cloisters Square WA 6850 (please mark the envelope as CONFIDENTIAL); or

Direct Debit Service Agreement

1. St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243 ('Debit User') will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Direct Debit Request).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give you at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If you wish to defer any payment or alter any of the details referred to in the Policy Schedule, you must either contact the Debit User on 1300 355 355 or write to the Debit User at PO Box 7395, Cloisters Square WA 6850.
5. Queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in the Product Disclosure Statement received during the application process. Queries about claims in regards to disputed debit payments should also be directed to the Debit User and may also be directed to your financial institution nominated in the Schedule.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, you should check with your financial institution before completing the Direct Debit Request.
7. You should ensure that your account details given in the Policy Schedule are correct by checking against a recent statement from your financial institution at which your account is held.
8. It is your responsibility to have sufficient cleared funds available, by the premium due date, in the account to be debited to enable debit payments to be made in accordance with the Direct Debit Request.
9. By authorising the Direct Debit Request, you warrant and represent that you are duly authorised to request and instruct the debiting of premium payments from the account described in the Policy Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with the financial institution nominated in the Policy Schedule.
11. If a debit payment is returned unpaid, you may be charged a fee by the financial institution nominated in the Policy Schedule for each returned item.
12. If you wish to cancel the Direct Debit Request or to stop individual payments you must give at least 7 days' written notice to the Debit User at PO Box 7395, Cloisters Square WA 6850.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User and its service providers will keep details of your account and debit payments confidential.