Locked Bag 23 Wollongong NSW 2500

Phone: 1800 027 299 Fax: 1300 309 704

Email: info@myrbhs.com.au Web: www.myrbhs.com.au



Direct Debit Request Form (DDR)

Member Name:	
Member Number:	
> Payment Details – Please note that Direct Debit ded	luctions take place on Friday fortnightly.
Bank, building society or credit union account <u>OR</u>	Credit card
Account Details Name & Branch of Financial Institution:	Due to credit card security arrangements, we are unable to record your credit card details. Please select one of the following options if you wish to pay by credit card. Please call me to arrange credit card payments
Account Name:	I will arrange credit card payments online Simply register for Online Member Services and enter your credit card details via our secure website.
BSB No: Account No:	
I/we have read the Direct Debit Service Agreement provided with this form and authorise the Reserve Bank Health Society Ltd (APCA User ID 028084) to debit funds from the account at the financial institution or credit card above for the purpose of paying the fortnightly premium. This authorisation is to remain in force in accordance with the Service Agreement provided with this form.	
Signature(s): Please note that all signatories may be required to	o sign on joint accounts Date:
Benefit Details – Please indicate how you would like Use Account details above (please note Direct Crediting financial institution) OR Use a different account (enter details below)	to receive your claim benefits. g is not available for credit cards. If in doubt, please refer to you Account Name:
Name & Branch of Financial Institution:	BSB No: Account No:

Privacy Statement

The information in this form will be used by Reserve Bank Health Society staff to carry out your instructions. The form and information contained in it will be stored in a secure area and only authorised staff will have access to it.

The Reserve Bank Health Society Limited ("RBHS") Customer DDR Service Agreement

Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between Reserve Bank Health Society Limited (User ID 028084) and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for health insurance premiums.

Drawing arrangements

- · Your initial deduction date will be advised in writing by the fund. Regular debits will take place on your nominated day.
- If any drawing falls due on a non-business day, it will be debited from your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days' notice in writing when we make changes to the initial terms of the arrangements. This notice will state the new amount, frequency, next drawing date and any other changes to the initial terms.
- If you require changes to the direct debit arrangements, you must provide us with 3 working days' notice of such change before it will be
 effective.
- If you wish to discuss any changes to the initial terms, or if you have any enquiries regarding your drawing dates you should contact us on 1800
 148 626, by email to info@onemedifund.com.au, by facsimile on 1800 027 299, by email to info@myrbhs.com.au, by facsimile on 1300 309 704
 or alternatively, write to us at: The RBHS Locked Bag 23, Wollongong NSW 2500.

Your rights

Changes to the arrangements:

If you want to make changes to the drawing arrangements, contact us at least 3 working days prior to the next scheduled drawing day on 1800 027 299, by email to info@myrbhs.com.au, by facsimile on 1300 309 704 or alternatively, write to us at: The RBHS - Locked Bag 23, Wollongong NSW 2500. You can also contact NAB directly for stops or cancellations.

These changes may include:

- Deferring the drawing,
- · Stopping an individual debit
- Suspending the DDR or
- · Cancelling the DDR completely

Please be aware that these changes will affect your financial status and hence cover entitlements until the amounts have been paid.

Enquiries

Enquiries should be made at least 3 working days prior to the next scheduled drawing day. All communication addressed to us should include your contributor number and current postal address. All personal member information held by us will be kept confidential except that information provided to a financial institution to initiate the drawing to your nominated account.

Disputes

- If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting us on 1800 027 299, by email to info@myrbhs.com.au, by facsimile on 1300 309 704 or alternatively, write to us at: The RBHS Locked Bag 23, Wollongong NSW 2500
- If you do not receive a satisfactory response from us to your dispute, contact your financial institution who will respond to you with an answer to
 your claim:
 - Within 7 business days (for lodged claims within 12 months of the disputed drawing);
 - Within 30 business days (for claims lodged more than 12 months after disputed drawing); you will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

Your commitment to us

It is your responsibility to ensure that:

- Your nominated account can accept direct debit (your financial institution can confirm this). Please note, some accounts may be unable to do
 this as we use the BECS system for payments;
- On the drawing date there is sufficient cleared funds in the nominated account;
- · You advise us if the nominated account is transferred or closed;
- You understand and agree to our privacy policy located at www.myrbhs.com.au/privacy
- You check your details against a recent statement from us to ensure they are correct.

If your drawing is returned or dishonoured by your financial institution, we will:

- Monthly, Quarterly, Half Yearly & Yearly payers write to you to advise of an alternative deduction date;
- Weekly & Fortnightly payers a double deduction will be taken for weekly and fortnightly payers and this will occur on the next date your
 debit is due. If debits are returned on three consecutive occasions your cover will cease. You may be asked to pay any transaction fees
 payable by us in respect of the above returned or dishonoured payment.