



## Direct Debit Request (DDR) Service Agreement

### CBHS' commitment

CBHS will confirm the direct debit arrangements prior to the first drawing, and directly debit your nominated account on CBHS' drawing dates. If the nominated day falls on a weekend or public holiday, deductions will be made on the next business day.

CBHS debits all payments in advance. Your debit amount will not vary unless:

- your contributions are owing prior to your initial debit;
- you change to a level of cover which has a different contribution rate;
- you relocate to another State which has a different contribution rate;
- you change your payment frequency or payment method;
- your contribution was returned unpaid by your financial institution;
- you resume your membership after a suspension period;
- your contribution rates change. CBHS will advise you at least 14 days prior to the new rates taking effect.

CBHS will keep all information pertaining to your nominated account at the financial institution private and confidential. Information may be provided to our or your financial institution to resolve a dispute on your behalf or to the extent specifically permitted by law.

### Your rights

If you want to make changes to your drawing arrangements, please notify CBHS in writing at least 4 business days prior to your next scheduled drawing date. Changes may include:

- altering your level of cover and drawing frequency,
- stopping an individual debit,
- suspending the DDR, or
- cancelling the DDR completely.

### Your commitment to us

It is your responsibility to ensure that:

- the account you nominate can accept direct debits;
- sufficient cleared funds are available in your nominated account on the due date;
- the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based;
- you check your account statement to verify that the amounts debited from your account are correct;
- you notify CBHS if the nominated account is transferred or closed;
- you pay your CBHS contributions by an alternative method if the direct debit arrangements are cancelled by either you or CBHS.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

### Disputes

If you believe that there has been an error in debiting your account you should call us on 1300 654 123 and confirm the details in writing with us so that we can resolve your query.

If your account has been incorrectly debited we will arrange for your financial institution to adjust your account accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If your account has not been incorrectly debited, we will respond to your query by providing you with the reasons and copies of any evidence for this finding.

Detach and return the portion below

### Direct Debit Request (DDR)

Please send this completed form to:

**By Post:** CBHS Health Fund Limited Locked Bag 5014,  
Parramatta, NSW, 2124

**Fax:** 02 9843 7676 **Email:** help@cbhs.com.au

**Note:** Direct debiting is not available on the full range of accounts. If in doubt, please check with your bank or financial institution

### Your personal details

CBHS membership no.	<input type="text"/>
<b>Name</b>	
Title	Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr <input type="radio"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
<b>Address</b>	
Street number	<input type="text"/>
Street name	<input type="text"/>
Suburb/Town	<input type="text"/>
State/Territory	<input type="text"/>
Postcode	<input type="text"/>

### Your debit details

How often do you want your payments deducted?

**Note:** Monthly deductions occur on the 15th of the month

Fortnightly  Monthly

Which account do you want your payments deducted from?

Bank Name

Account Name

Branch Name

BSB No.  -

Account No.

Do you want your benefits to be credited to the same account?

Yes  No

I /We request CBHS Health Fund Limited (User ID 000 187) to arrange funds to be debited from my/our account through Bulk Electronic Clearing System in accordance with the terms described in the CBHS Direct Debit Request Service Agreement.

Signature(s) of account holder(s)

X

Date / /

X

Date / /



## Direct Debit Request (DDR) Service Agreement

Change from Pension deduction to Direct Debit deductions for CBHS Contributions

### CBHS' commitment

CBHS will confirm the direct debit arrangements prior to the first drawing, and directly debit your nominated account on CBHS' drawing dates.

If the nominated day falls on a weekend or public holiday, deductions will be made on the next business day.

CBHS debits all payments in advance. Your debit amount will not vary unless:

- your contributions are owing prior to your initial debit;
- you change to a level of cover which has a different contribution rate;
- you relocate to another State which has a different contribution rate;
- you change your payment frequency or payment method;
- your contribution was returned unpaid by your financial institution;
- you resume your membership after a suspension period;
- your contribution rates change. CBHS will advise you at least 14 days prior to the new rates taking effect.

CBHS will keep all information pertaining to your nominated account at the financial institution private and confidential. Information may be provided to our or your financial institution to resolve a dispute on your behalf or to the extent specifically permitted by law.

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- altering your level of cover and drawing frequency,
- stopping an individual debit,
- suspending the DDR, or
- cancelling the DDR completely.

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- the account you nominate can accept direct debits;
- sufficient cleared funds are available in your nominated account on the due date;
- the authorisation given to draw on the nominated account is identical to the account signing instruction held by the financial institution where the account is based;
- you check your account statement to verify that the amounts debited from your account are correct;
- you notify CBHS if the nominated account is transferred or closed;
- you pay your CBHS contributions by an alternative method if the direct debit arrangements are cancelled by either you or CBHS.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

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CBHS membership no.	<input type="text"/>
<b>Name</b>	
Title	Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> Dr <input type="radio"/>
Surname	<input type="text"/>
Given names	<input type="text"/>
<b>Address</b>	
Street number	<input type="text"/>
Street name	<input type="text"/>
Suburb/Town	<input type="text"/>
State/Territory	<input type="text"/>
Postcode	<input type="text"/>

### Your debit details

I understand that the deductions will occur fortnightly to retain my CBA staff subsidy. Any other payment frequency such as monthly will mean that I forfeit my CBA staff subsidy permanently.

#### Which account do you want your payments deducted from?

Bank Name	<input type="text"/>
Account Name	<input type="text"/>
Branch Name	<input type="text"/>
BSB No.	<input type="text"/> - <input type="text"/>
Account No.	<input type="text"/>

#### Do you want your benefits to be credited to the same account?

Yes  No

I /We request CBHS Health Fund Limited (User ID 000 187) to arrange funds to be debited from my/our account through Bulk Electronic Clearing System in accordance with the terms described in the CBHS Direct Debit Request Service Agreement.

Signature(s) of account holder(s)

<input type="text"/>	<input type="text"/>
Date / /	Date / /