



Direct Debit Request

Request to establish Debit Authority in the Direct Debit System.

Identified by Reference Information

Policy number(s)	Client number	Client name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

I/We

Surname or Company/Business name giving Direct Debit Request	ABN
<input type="text"/>	<input type="text"/>

Given name(s)

Customer's address	Telephone number
<input type="text"/>	(<input type="text"/>)
Postcode	

Authorise and Request The Colonial Mutual Life Assurance Society Limited CMLA - User ID 000115 (APCA User ID) until further notice in writing, to arrange for funds to be debited from my/our account, at the Financial Institution identified and as described in The Schedule below, any amounts which CMLA may debit or charge me/us through the Bulk Electronic Clearing System.

Frequency Yearly Half-yearly Quarterly Monthly

The Schedule

Name of account to be debited	Amount
<input type="text"/>	\$ <input type="text"/>

Details of financial institution at which your account is held

BSB	Account number	Bank name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

(Please note direct debiting is not available on the full range of accounts. If in doubt, please refer to your Financial Institution.)

Direct Debit Request Authorisation

I/We have read the 'Customer Service Agreement' attached and acknowledge and agree with its terms and conditions. Please retain the 'Customer Service Agreement' for your record.

I/We request this arrangement to remain in force in accordance with the details set out in the Schedule described below and in compliance with the 'Customer Service Agreement'

Customer(s) name	Customer(s) signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Card Authority

An alternative method of paying premiums is by credit card. If you wish to pay by this method, please tick (✓) the appropriate box and complete other details.

Bankcard Mastercard Visa Please charge my credit card the amount of \$

(or adjusted amount as advised to me from time to time) at the frequency selected below until this ongoing authority is cancelled, in writing, by either myself or the insurer

Frequency Yearly Half-yearly Quarterly Monthly

Cardholder's name

Card number	Expiry date	Cardholder's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return original to Colonial, PO Box 320, SILVERWATER NSW 2128



Direct Debit Request

Direct Debit Request Customer Service Agreement

We The Colonial Mutual Life Assurance Society Limited, note our commitment to you as the following:

We will advise you by notice, statement or invoice of the drawings.

Where the drawing date falls on a non-business day, we will draw the amount on the next business day.

We will provide written notice of any proposed changes to your drawing arrangement (other than those detailed in your policy conditions), providing no less than 14 days notice.

We reserve the right to cancel the drawing arrangement if drawings are continually returned unpaid by your nominated Financial Institution. Where drawings are returned unpaid we will arrange an alternate payment method. A fee may apply for drawings that are returned unpaid.

We will keep all information provided by you and details of your nominated account at the Financial Institution, private and confidential. However, we may disclose information that we have about you to the extent specifically permitted by the law or for the purpose of this agreement (including disclosing information in connection with any query, dispute or claim).

We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 20 business days.

You the customer note your commitment to us as the following:

It is your responsibility to:

- check with your Financial Institution before completing the Direct Debit Request, that direct debiting is available on that account.
- ensure that the authorisation on the Direct Debit Request is identical to the account signing instruction held by the Financial Institution of the nominated account.
- ensure at all times, that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- advise us if the account nominated by you, to receive the drawings is altered, transferred or closed.
- arrange with us a suitable alternate payment method, if the drawing arrangements are stopped, either by you or the nominated Financial Institution.
- meet any charges resulting from the use of the Direct Debit System. This may include fees charged to us as a result of returned drawings.

You may request to defer or alter the agreed drawing schedule, by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may stop your individual debit by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date.

You may cancel the Direct Debit arrangement at any time by giving written notice to us. Such notice should be received by us at least 14 business days prior to the drawing date. Your nominated Financial Institution is unable to cancel your Direct Debit Arrangement.

All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 20 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account.