DIRECT DEBIT AUTHORITY

UniMed
YOUR HEALTH INSURER
UNION MEDICAL BENEFITS SOCIETY LTD

PAYMENT FREQUENCY

Frequency (please tick one) ☐ fortnightly ☐ monthly ☐ annually

Start Date ☐☐ ☐☐ ☐☐☐☐
Day Month Year

BANK INSTRUCTIONS

Name:_____
(Of Bank Account)

Bank Account from which payments to be made:

☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐
Bank Branch Account Number Suffix

AUTHORITY TO ACCEPT DIRECT DEBITS
(Not to operate as an assignment or agreement)

AUTHORISATION CODE

0	2	0	1	3	1	9

To: The Bank Manager

Bank _____

Branch _____

Town/City _____

I/We authorise you until further notice, to debit my/our account with all amounts which **Union Medical Benefits Society Limited** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

Information to appear on my/our bank statement

☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐
Payer Particulars Payer Code Payer Reference

Your Signature(s) _____ Date __/__/__

AUTHORITY TO ACCEPT RECURRING CARD PAYMENTS

Card Type ☐ Visa ☐ MasterCard

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry Date** __/__

Cardholder's Name_____ **Cardholder's Signature**_____

Customer Authorisation

I (hereinafter referred to as the Customer) authorise Union Medical Benefits Society Limited (hereinafter referred to as the initiator), until further notice in writing, to debit my card number as detailed above (the "nominated Card"). I acknowledge and accept that the initiator accepts this Authority only upon the conditions listed below.

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. The Initiator
   (a) Has agreed to give advance Notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the direct debit will be initiated. This notice will be provided either:
   (i) in writing; or
   (ii) by electronic mail where the Customer has provided prior written consent to the Initiator
   The advance notice will include the following message:-
   "Unless advice to the contrary is received from you by (*date), the amount of $..... will be directly debited to our Bank account on (initiating date)."
   * This date will be at least two days prior to the due date to allow for amendment of direct debits
   (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
2. The Customer may:-
   (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
   (b) Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank
3. The Customer acknowledges that:-
   (a) This authority will remain in full force and effect in respect of all direct debits made from me/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
   (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
   (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
   (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:-
   - the accuracy of information about Direct Debits on Bank statements
   - any variations between notices given by the Initiator and the amounts of Direct Debits
   (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
4. The Bank may:-
   (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
   (b) At any time terminate this authority as to future payments by notice in writing to me/us.
   (c) Charge its current fees for this service in force from time-to-time.

CONDITIONS OF THIS AUTHORITY TO ACCEPT RECURRING CARD PAYMENTS

1. The Initiator agrees:
   (a) To give advance written notice (including by electronic means) to the Customer in the form of a schedule of payment dates and the net amounts to be debited to the Nominated Card.
   (b) In the event of any subsequent change to the frequency or amount of the debits to the Nominated Card, the Initiator has agreed to give advance written notice of at least 10 days to the Customer before the changes comes into effect.
2. The Customer may:
   (a) At any time, terminate this Authority by giving written notice of termination to the Initiator.
3. The Customer acknowledges that:
   (a) This Authority will remain in full force and effect in respect of all amounts to be debited to my Nominated Card in good faith notwithstanding my death, bankruptcy or other revocation of this authority.