

Direct Debit Request/Direct Credit Request

Member Details

Membership Number:

Date of Birth:

First name:

Surname:

Contact Details

Home Address:

Postal Address:

Phone:

Email:

Direct Debit Request (DDR)

Please Note: Payment of your premium by direct debit from a savings or cheque account attracts a **2.5%** discount. Discount applied to premium prior to any LHC loading or rebate amounts being added.

Name of Financial Institution:

Name of Account Holder/s:

BSB

Account Number

Payment Frequency:

Fortnightly

Monthly

Quarterly

6 Monthly

Yearly

First Debit Date

/

Direct Credit Request

Use the above bank account

Use a different bank account

Name of Financial Institution

Name of Account Holder:

BSB

Account Number

Account Holders Signature

I request and authorise Mildura Health Fund (18530), until further notice in writing, to debit through the Bulk Electronic Clearing System from an account held at the financial institution identified account above, any amounts payable under my selected cover details terms and conditions of the Direct Debit Request Service Agreement.

Signature

Date: