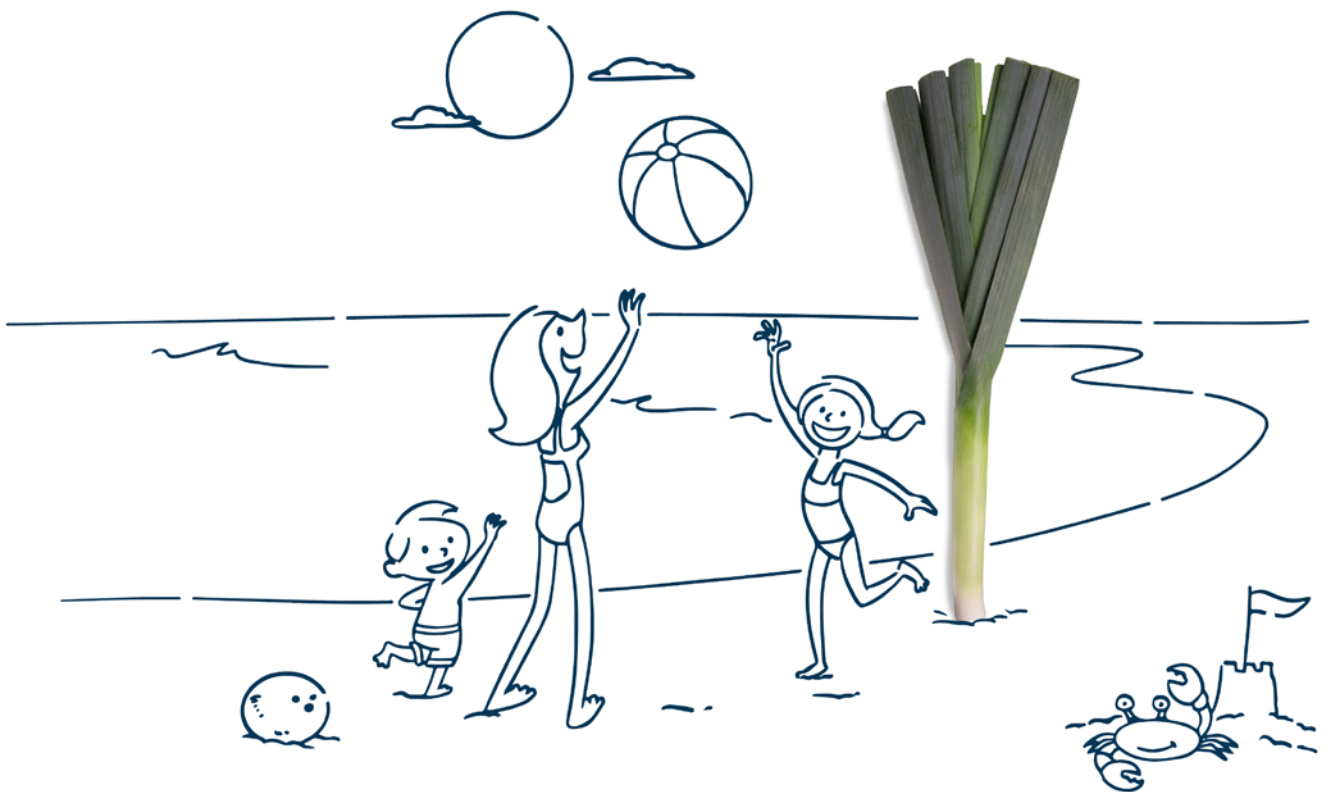


Credit Card Authorisation Direct Debit Service Agreement

Effective May 2018



ASTUTE SIMPLICITY HEALTH
we've got you covered

ASTUTE SIMPLICITY HEALTH

we've got you covered

Credit Card Authorisation

membership no.

Your details

title

surname

given names

address

suburb

postcode

Credit card payment

I hereby authorise Astute Simplicity Health to charge my Credit Card automatically

each

week

fortnight

commencing on Friday

/ /

OR

month

commencing on

25 / /

and thereafter at the specified intervals, with all amounts due in accordance with my selected level of cover.

This authority replaces all previous authorities and remains valid until written notice is given.

signature

date

/ /

Type of Credit Card (please tick)

visa

mastercard

cardholder's name

cardholder's signature

date

/ /

credit card number

expiry date

/

Direct Debit Request Service Agreement

The following is your Direct Debit Service Agreement with **St.Luke's Medical and Hospital Benefits Association** (abn 81 009 479 618). The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this Agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Definitions	<p>account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.</p> <p>agreement means this Direct Debit Request Service Agreement between you and us.</p> <p>banking day means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.</p> <p>debit day means the day that payment by you to us is made (monthly, quarterly, half yearly and yearly direct debit payments are deducted on the 25th of the month, or within 2 business days after the 25th. Weekly and fortnightly direct debit payments are deducted in advance on the Friday of each week or fortnight, or within 2 business days after).</p> <p>direct payment means a particular transaction where a debit has been made.</p> <p>direct debit request means the Direct Debit Request between us and you.</p> <p>us or we means St.Luke's Medical and Hospital Benefits Association, (the Debit User) you have authorised by requesting a Direct Debit Request.</p> <p>you means the customer who signed the Direct Debit Request.</p> <p>your financial institution is the financial institution nominated by you on the DDR at which the account is maintained.</p>
1. Debiting your account	<p>1.1 By signing a Direct Debit Request, or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this Agreement for the terms of the arrangement between us and you.</p> <p>1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.</p> <p>1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.</p>
2. Amendments by us	<p>2.1 We may vary details of this Agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.</p>
3. Amendments by you	<p>3.1 You may change, stop or defer a debit payment, or terminate this Agreement by providing us with at least seven (7) days notification by writing to: St.Lukes's Medical and Hospital Benefits Association, 17 The Quadrant Mall, Launceston TAS 7250</p>

<p>4. Your obligations</p>	<p>4.1. It is your responsibility to ensure that there were sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.</p> <p>4.2 If there are insufficient clear funds in your account to meet a debit payment:</p> <p>(a) you may be charged a fee and/or interest by your financial institution;</p> <p>(b) you may also incur fees or charges imposed or incurred by us; and</p> <p>(c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.</p> <p>4.3 You should check your account statement to verify that the amounts debited from your account are correct.</p> <p>4.4 If St.Lukes’s Medical and Hospital Benefits Association is liable to pay goods and service tax (“GST”) on a supply made in connection with this Agreement, then you agree to pay St.Lukes’s Medical and Hospital Benefits Association on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.</p>
<p>5. Dispute</p>	<p>5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 651 988 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.</p> <p>5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.</p>
<p>6. Accounts</p>	<p>You should check:</p> <p>(a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.</p> <p>(b) your account details which you have provided us are correct by checking them against a recent account statement; and</p> <p>(c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.</p>
<p>7. Confidentiality</p>	<p>7.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 We will only disclose information that we have about you:</p> <p>(a) to the extent specifically required by the law; or</p> <p>(b) for the purposes of this agreement (including disclosing information in connection with any query or claim).</p>
<p>8. Notice</p>	<p>8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to St.Lukes’s Medical and Hospital Benefits Association, 17 The Quadrant Mall, Launceston TAS 7250</p> <p>8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.</p> <p>8.3 Any notice will be deemed to have been received on the third banking day after posting.</p>

UNDERWRITTEN BY: