

## Direct Debit Request

**Payment Instructions** *Please complete this page and return it in the reply paid envelope within 14 days if you have not provided a verbal Direct Debit Request.*

**Customer Name(s)**

Surname  Given Names

Surname  Given Names

Customer Number  Policy Number

**Instalment Amount** \$

**Payment Frequency** Fortnightly  Monthly  Yearly

### Request and Authority to Debit the Account Named below

I/We *(insert your name in full)*

request and authorise Allianz Australia Insurance Limited ABN 15 000 122 850 (User ID – 127748) to arrange for any amount to be debited or charged through the Bulk Electronic Clearing System from any Account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

By signing this Direct Debit Request I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between myself/us and Allianz Australia Insurance Limited as set out in this Request and in the Direct Debit Request Service Agreement.

**Customer Signatures**

*(If joint bank account, all signatures are required)*

**Customer Address**

**Details of Account to be Debited** *(Insert name and address of Financial Institution at which your account is held)*

**Name of Account**

**BSB Number**

**Account Number**

## Direct Debit Request Service Agreement

### Definitions

*account* means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

*agreement* means this Direct Debit Request Service Agreement between *you* and *us*.

*business day* means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

*debit day* means the day that payment by *you* to *us* is due.

*debit payment* means a particular transaction where a debit is made.

*direct debit request* means the Direct Debit Request provided and authorised either verbally or in writing.

*us* or *we* means Allianz Australia Insurance Limited ABN 15 000 122 850.

*you* means the customer who provided the *direct debit request*.

*your financial institution* is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

### 1. Debiting your account

1.1 By providing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request*, your current insurance schedule, and this *agreement* for the terms of the arrangement between *us* and *you*.

1.2 *We* will only arrange for funds to be debited from *your account* as authorised by the *direct debit request*.

1.3 If the *debit day* falls on a day that is not a *business day*, *we* may direct *your financial institution* to debit *your account* on the following *business day*.

### 2. Changes by us

2.1 *We* may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days written notice.

### 3. Changes by you

3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting *us*.

3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least fourteen (14) days before the next *debit day*. This notice should be given to *us* in the first instance.

3.3 *You* may also cancel your authority for *us* to debit *your account* at any time by giving *us* fourteen (14) days notice in writing before the next *debit day*. This notice should be given to *us* in the first instance. For Queensland and Western Australian residents, outstanding Stamp Duty may be payable.

### 4. Your obligations

4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.

4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:

(a) *you* may be charged a fee and/or interest by *your financial institution*;

(b) *you* may also incur fees or charges imposed or incurred by *us*; and

(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*.

4.3 *You* should also check *your account* statement to verify that the amounts debited from *your account* are correct.

4.4 If *we* are liable to pay Goods and Services Tax (GST) on a supply made in connection with this *agreement*, then *you* agree to pay *us* on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

- 5. Dispute**
- 5.1 If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly.
- 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.
- 5.3 If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding.
- 5.4 Any queries *you* may have about an error made in debiting *your account* should be directed to *us* in the first instance so that *we* can attempt to resolve the matter between *us* and *you*. If *we* cannot resolve the matter *you* can still refer it to *your financial institution* which will obtain details from *you* of the disputed transaction and may lodge a claim on *your* behalf.
- 6. Accounts**
- You* should check:
- (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.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement
- 7. Confidentiality**
- 7.1 *We* will keep any information (including your account details) in *your direct debit request* confidential. *We* will make reasonable efforts to keep any 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 any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 *We* will only disclose information that *we* have about *you*:
- (a) to the extent specifically required by law; or
- (b) for the purposes of this *agreement* (including disclosing information in connection with any query or claim).
- 8. Notice and contact details**
- 8.1 If *you* wish to notify *us* in writing about anything relating to this agreement, *you* should write to:
- Allianz Australia Insurance Limited  
Attention: Direct Processing Centre  
GPO Box 9863  
Brisbane QLD 4001
- 8.2 If *you* wish to contact *us* by telephone about anything relating to this *agreement* please call *us* on 13 1000.
- 8.3 *We* will notify *you* by sending a notice in the ordinary post to the address *you* have given *us* with *your direct debit request*.
- 8.4 Any notice will be deemed to have been received two *business days* after it is posted.