HEALTHIER, LONGER, BETTER LIVES

# DIRECT DEBIT REQUEST

Please use black pen and print upper case.
Avoid contact with the edge of the box.

A B C D

## Request and Authority to debit the account named below to pay AIA Health Insurance

**Request and Authority to Debit**

Last name:

Given names:

"(you)" request and authorise AIA Health Insurance (Direct Debit User ID 510706) to arrange, through its own financial institution, a debit to your nominated account any amount AIA Health Insurance has deemed payable by you.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

**Insert details of account to be debited**

Financial institution name:

Account name:

BSB: / Account number:

**Acknowledgment**

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and AIA Health Insurance as set out in this Request and in your Direct Debit Request Service Agreement.

**Insert your signature**

Signature:

Date: / /

**Second account signatory (if required)**

Signature:

Date: / /

**Please return your completed and signed form to AIA Health via email: corporatehealth.memberservices@aia.com.au or post: AIA Health, PO Box 7302, Melbourne VIC 3004**