Southern Cross Health Society

Direct debit authority

Fill in the required details clearly in BLOCK CAPITALS and make sure that you have given us your signature and contact details.

Members of a work scheme - your deduction date and frequency may be deducted according to your current billing cycle.

Please return your completed form to memberforms@southerncross.co.nz, or by post to Southern Cross Health Society, Private Bag 99934, Auckland 1149, Freepost Authority 1440.

We will automatically adjust the deduction amount when changes happen to your policy and notify you in advance of the deduction date. You don't have to fill in another form.

This information is being collected by Southern Cross Medical Care Society for administration purposes, including billing. You have the right of access to, and to request correction of, any personal information held by us.

If you need any further information just call us toll-free on **0800 800 181** and one of our Member Services team will help you.

A. POLICYHOLDER DETAILS

Membership or policy number

Group code (for office use only)

Please read Conditions of the Authority overleaf.

Name of policyholder _____ Daytime phone no _____

I am paying for my/our own policy Yes ☐ No ☐

If No, please refer to the **important for you to know** section below

B. DEDUCTION DETAILS

Please choose one of the following deduction frequencies. You can choose to specify a start date, or you can leave the day and month sections blank and we will start your payments once your cover is confirmed or to align with your employer's billing schedule. We will notify you of the payment amount before we make the first deduction.

☐ Weekly

☐☐ Day ☐☐ Month

☐ Fortnightly

☐☐ Day ☐☐ Month

☐ Monthly

☐☐ Day ☐☐ Month

Note: 1. Direct debit deductions can only occur on a week day. Should the date fall on a weekend or a public holiday, deduction will occur on the next available business day.

2. Southern Cross is required to give you **10 days notice** in writing prior to your first deduction. An invoice/statement will be sent to you 10 days prior to the deduction. To meet this requirement, please ensure we receive this form **at least 15 days** prior to your nominated deduction date.

3. If Southern Cross is unable to meet the 10 day notice requirement, your deduction will occur on the next deduction date according to your deduction frequency. The first deduction may include more than one bill period if this first deduction date is missed.

IMPORTANT FOR YOU TO KNOW:

If a third party is paying for your policy, they will be notified the details of any changes to your premium, which is usually at the time of your policy renewal, but can also be when you make changes such as adding or removing family, alterations to your plan, or if you leave or join an employer work scheme. You will also receive a copy of all invoices sent to this third party, and notification of any overdue payments as they could result in your claims not being paid and cancellation of your policy.

Similarly, if you have chosen to pay for a third party's policy, she/he will receive copies of all communications relating to payments, including invoices, Direct Debit arrangements and any correspondence about missed payments or overdue amounts.

CONTINUES OVERLEAF. PLEASE TURN PAGE OVER TO READ.

C. DIRECT DEBIT AUTHORITY

Bank account holder(s) _____

1	2	0	0	3	5	7

INITIATOR'S AUTHORISATION CODE

I am authorised to operate my/our bank account on my own Yes ☐ No ☐

(if you are the Bank Account holder(s) but not the policyholder, please provide the following contact details so we can communicate with you about this direct debit authority)

Address _____

Email _____ Phone _____

BANK/BRANCH NUMBER ACCOUNT NUMBER SUFFIX

From the Bank Account holder(s) to _____ **(my bank name):**

I authorise you to debit my account with the amounts of direct debits from **Southern Cross Medical Care Society** with the authorisation code specified on this authority in accordance with this authority until further notice.

I agree that this authority is subject to:
- The bank's terms and conditions that relate to my account, and
- The specific terms and conditions listed below

The following information will appear on your Bank Statement: Southern Cross Medical Care Society and your policy number.

S	O	U	T	H	E	R	N	C	R	O	S	S

PAYER PARTICULARS

PAYER CODE

H	E	A	L	T	H	S	O	C

PAYER REFERENCE

Authorised signature(s) of Bank Account holder(s) _____ **Date** _____

SPECIFIC CONDITIONS RELATING TO NOTICES AND DISPUTES

I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
- I don't receive a written notice of the amount and date of each direct debit from the initiator, or
- I receive a written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.

I may ask my bank to reverse a direct debit up to 9 months after the date the initiator sent the first direct debit under the authority if I am not reasonably satisfied that the authority authorised my bank to debit my account with the amount of the direct debit.

No less than 2 business days notice:
The initiator is required to give you a written notice of the amount and date of each direct debit no less than 2 business days before the date of the debit.

If the bank dishonours a direct debit but the initiator sends the direct debit again within 5 business days of the dishonour, the initiator is not required to give you a second notice of the amount and date of the direct debit.

Notice of a series of direct debits:
The initiator is required to give a written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:
- the dates of the debits, and
- the amount of each direct debit.

If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give you notice:
- no less than 10 calendar days before the change.

FOR BANK USE ONLY

APPROVED 0035 10/98	DATE RECEIVED	RECORDED BY	CHECKED BY	BANK STAMP