

AIA Health Insurance

DIRECT DEBIT REQUEST

or post: AIA Health, PO Box 7302, Melbourne VIC 3004

Please	e use	blac	k p	en	and	print	upper	case
Avoid	conta	act w	/ith	the	e ed	ge of	the bo	X.

A	B	c	D
	0		"

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: health.claims@aia.com.au