



Direct Debit Request Form

Section 1 – Hollard Insurance Partners Limited

Please complete this Direct Debit Request form and return it to:

Hollard Insurance Partners Limited
PO Box 317
SILVERWATER NSW 2128. No postage stamp required

OR

contactus@cbainsurance.com.au

Section 2 – Your Policy Details

Request to establish a Direct Debit Authority

Name of Debit User

Hollard Insurance Partners Limited

Direct Debit User ID

O62246

Your insurance policy number/s

Section 3 – Direct Debit Request Authorisation

1. Select your debit frequency

Monthly direct debit **OR** Annual direct debit

2. Complete your account details for direct debit authority

Direct Debit Request Authorisation

Name of account to be debited

Name and branch of Financial Institution at which account is held

BSB

Account number

Signature of account holder is required if not a policyholder

Account holder's signature

Date (DD/MM/YYYY)

Account holder's signature

Date (DD/MM/YYYY)

3. ABN/ARBN (if applicable)

▶ Form continued next page

Thank you for completing this form

Section 4 – Customer Authority

1. I/We authorise and request Hollard Insurance Partners Limited to arrange funds to be debited from my/our account at the financial institution identified and as prescribed above through the Bulk Electronic Clearing System (BECS).
2. I/We understand and acknowledge that:
 - a. this authorisation is to remain in force in accordance with the terms described in the Hollard Insurance Partners Limited Direct Debit Request Service Agreement
 - b. the financial institution I/we have nominated may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this Request or any authority or mandate.
 - c. the financial institution I/we have nominated may, at its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
 - d. Hollard Insurance Partners Limited may, by prior arrangement and notice to me/us, vary the amount or frequency or future debits.
 - e. Hollard Insurance Partners Limited may verify the details of the above-mentioned account with my/our nominated financial institution.
 - f. the financial institution I/we have nominated may release information allowing Hollard Insurance Partners Limited to verify the above-mentioned account details.

Name of customer authorising the Direct Debit:

Signature

Date of signature (DD/MM/YYYY)

Name of customer authorising the Direct Debit 2:

Signature

Date of signature (DD/MM/YYYY)

Section 5 – Direct Debit Request Service Agreement

1. This is your Direct Debit Request Service Agreement with Hollard Insurance Partners Limited User ID 062246. It explains 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.

Please keep this agreement 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 authorisation.
2. Please check your nominated account statement to verify that the amounts debited are correct.
3. You should check with your financial institution whether direct debiting is available from your account as the facility is not available on all accounts.
4. If the due date for the payment falls on a non-working day or public holiday, the payment will be processed on the next working day. You should refer to your Financial Institution if you are unsure when the debit will be processed.
5. We may vary the terms of the Direct Debit arrangement by giving you 14 days' written notice.
6. You can:
 - a. Cancel or suspend the Direct Debit Request; or
 - b. change, stop or defer an individual paymentTo do so, contact us at 13 24 23 or you can also contact your own financial institution.
7. Your Direct Debit arrangement remains in force until it is cancelled.
8. It is your responsibility to advise us if your nominated account is altered, transferred or closed.
9. If you believe there has been an error in debiting your account, you should notify us directly on 13 24 23. Alternatively you can contact your financial institution for assistance.
10.
 - a. It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
 - b. If there are insufficient clear funds available in the nominated account to meet a debit payment
 - We reserve the right to recover the funds from you and take any steps permitted under the terms of your policy; and
 - you or your account may be charged a fee and/or interest by your financial institution.
11. If you wish to notify us in writing about anything relating to this agreement, you should write to:

PO Box 315, Silverwater, NSW, 2128.

We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request. If sent by mail, any communications are taken to be received on the day they would be received in the ordinary course of post
12. We will not disclose any details of your Direct Debit arrangement to any person or corporation unless required to do so by law or unless the information is required in relation to a disputed transaction.