



Direct Debit Request Form

A – Commonwealth Insurance Limited

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

CommInsure General Insurance

PO Box 317

SILVERWATER NSW 2128. No postage stamp required

OR

contactus@comminsure.com.au

B – Your Policy Details

Request to establish Debit Authority in the Direct

Name of Debit User

APCA User ID Number

Commonwealth Insurance Limited

O62246

Your insurance policy number/s

C – 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

BSB

Account number

Signature of account holder is required if not a policyholder

Cardholder's signature

Date

OR

Credit Card Authority

Cardholders name

MasterCard Visa

Card number

Card expiry

Cardholder's signature

Date

3. ABN/ ARBN (if applicable)

D – Customer Authority

1. I/We authorise and request Commonwealth Insurance 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 Commonwealth Insurance 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. Commonwealth Insurance Limited may, by prior arrangement and notice to me/us, vary the amount or frequency or future debits.
 - e. Commonwealth Insurance 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 Commonwealth Insurance Limited to verify the above-mentioned account details.

Name of customer authorising the Direct Debit:

Signature

Date of signature

Name of customer authorising the Direct Debit 2:

Signature

Date of signature

E – General Insurance Direct Debit Service Agreement

1. Please check your nominated account statement to verify that the amounts debited are correct.
2. You should check with your financial institution whether direct debiting is available from your account as the facility is not available on all accounts.
3. If the due date for payment falls on a non-working day or public holiday, the payment will be processed on the next working day.
4. We may vary the terms of the Direct Debit arrangement by giving you 14 days' written notice.
5. By contacting us on 13 24 23, you may:
 - change, stop or defer a debit payment, or
 - terminate or confirm any details in relation to your direct debit arrangement or
 - notify us if you believe that there has been an error in debiting your account
6. Your Direct Debit arrangement remains in force until it is cancelled.
7. It is your responsibility to advise us if your nominated account is altered, transferred or closed.
8. 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.
9. 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.