

Direct debit request

Information sheet

When to use this form

Use this form to set up a direct debit payment from your bank (or other) account to pay your insurance premiums.

Note: You can also have your **direct debit request** actioned over the phone by calling Customer Service on 131 267.

Direct debit service agreement

The following terms will apply to any direct debit that you set up to pay your premiums by a **direct debit request**.

Before you request a direct debit arrangement, you must confirm that the account you want to nominate can have direct debit (eg some passbook savings accounts cannot have direct debit). To find out if AMP Life can debit from your account, contact your financial institution.

Please double-check the account details you provide by comparing them with a recent statement from your financial institution.

This agreement allows AMP Life to deduct from your nominated account the amount and at the frequency you request.

If the due date is on a weekend or public holiday, your payment will be processed on the next business day.

AMP Life will keep your financial details confidential. However, it will disclose these details:

- if you give permission
- if a court order applies
- to settle a claim
- if AMP Life's financial institution needs information.

If AMP Life wants to change this agreement

If AMP Life wants to change this agreement, it will notify you 14 days in advance of any change.

Your responsibility to AMP Life

It is your responsibility to ensure that sufficient cleared funds are available in your account on the due date for payment to permit processing of the **direct debit request**.

If there are not sufficient funds and your financial institution dishonours the payment, any charges incurred by your financial institution and/or AMP Life may be debited from your account or recovered.

It is your responsibility to ensure that the authorisation given to AMP Life to draw on your financial institution account is consistent with the account authority or signing instructions held by your financial institution for that account.

You indemnify us against all losses, costs, damages and liabilities that we suffer as a result of you breaching this agreement, or providing us with an invalid or non-binding direct debit request addressed to us.

Changing your payment details

You may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 131 267.

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Please keep this information sheet for your records—
don't return it with your completed form(s).



Direct debit request

Use this form to set up a direct debit payment to pay your insurance premiums. Refer to the **direct debit request information sheet** for further information on direct debit requests.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Direct debit options

Select your method of payment:

- Direct debit by bank account
 Direct debit by credit card

- > Complete sections **1, 2, 3, 4, 6** and **7**.
> Complete sections **1, 2, 3, 5, 6** and **7**.

2. Personal details

Plan number(s)

Product type

Title

Surname

Given name(s)

Contact phone number

Mobile number

Email address

Address for communications

Residential address

Suburb

State

Postcode

3. Payment details

Payment amount

\$

Payment frequency

- Fortnightly Monthly Quarterly
 Half yearly Yearly

Do you provide us with authority to deduct arrears (we will only deduct if arrears are applicable)?

- No
 Yes

4. Bank account details

Name of financial institution

Address of financial institution

Name of account holder(s)

BSB number

Account number

Australian Business Number (ABN) if company account

