

Change payment details



Complete sections 1 and 2: To change your payment details and frequency or
Complete sections 1 and 3: To change the account you want claim benefits paid into.

1 Your details

Please use black pen and print in UPPERCASE.

Member number

Date of birth

Given name(s)

Surname

2 Change payment details

Note: Your next payment may be different as the payment is calculated from the date you change your arrangement with us.

Direct Debit from your bank account (complete sections A, C and D) Direct debit by credit card (complete sections A, B, C and D)

Section A – Your full name as it appears on your account or credit card to be debited

BSB number

Account number

Name of your financial institution

I/we request that payments due to ahm health insurance, a business of Medibank Private Limited (user id 010758) covered by this document, be drawn under the Bul Electronics Clearing System from my/our account.

Section B – Type of card

Mastercard Visa

Credit card number

Expiry date

Visa or MasterCard incur a 0.25% surcharge.

Section C – Choice of payment frequency

Weekly Fortnightly

Please choose which day of the week you'd like us to draw your premiums:

Mon Tue Wed Thur Fri

Monthly Quarterly Half yearly Yearly

Which day of the month would you like us to draw you premiums when their due? (Between 1 - 28)

Section D – I/we authorise ahm health insurance, a business of Medibank Private Limited, to charge my/our health insurance premiums to my/our bank account/credit card. In the event of changes to premiums, levels of cover or arrears of payments to my policy, I/we authorise ahm Health Insurance to alter the amount from the appropriate date in accordance with such changes. A copy of our Direct Debit Service Agreement will be sent to you upon receipt of these details. The first debit will cover your standard premium plus any adjustments necessary to bring your policy in line with your required debit date. For existing members any change to debit dates may result in the next debit varying from the standard deduction.

Signed in accordance with account/credit card authority

If this is a joint account, both signatures are required

Date: / /

Date: / /

3 Change paying into account for claims benefits

Name of your financial institution

Name of account holder(s)

BSB number

Account number

Submitting your form

Email to info@ahm.com.au with your **ahm member number** and **'Payment form'** in the email subject. You can also post to ahm health insurance Locked Bag 4, Wetherill Park NSW 2164.

Your privacy: We're subject to the Privacy Act 1988 and comply with the principles for handling your personal information. View the ahm Privacy Policy at ahm.com.au/privacy or contact us to have a copy posted or emailed to you. ahm health insurance is a business of Medibank Private Ltd ABN 47 080 890 259. 'ahm health insurance' and 'ahm' are references to Medibank Private Ltd trading as ahm health insurance.



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