

Change payment details



To change your premium payment details - complete sections 1 and 2.

To change the account your benefits are paid into - complete sections 1 and 3.

1 Your details

Please use black pen and print in UPPERCASE.

Member number

Date of birth

Given name(s)

Surname

2 Change details for premium 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 premiums due to ahm health insurance, a business of Medibank Private Limited (User ID 010758), be drawn under the Bulk Electronic Clearing System (BECS) (if applicable), and which are subject to the Direct Debit Request Service Agreement, from this nominated bank 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 your premiums when they're due? (Between 1 - 28)

Section D – I / We acknowledge that the direct debit arrangement is governed by the Direct Debit Request Service Agreement and authorise ahm health insurance, a business of Medibank Private Limited, to charge the premiums to the nominated bank account or credit card. In the event of changes to premiums or levels of cover, or if ahm health insurance is entitled to a payment of arrears, I/we authorise ahm health insurance to alter the amount debited from the appropriate date.

Signed in accordance with account/credit card authority

Date: / /

If this is a joint account, both signatures are required

Date: / /

3 Change the account your benefits are paid into

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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