

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 \mathbf{X} 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	3. Payment payment details
Plan number(s)	Payment amount \$
Product type	Payment frequency
Title	 Fortnightly Monthly Quarterly Half yearly Yearly
Surname	Do you provide us with authority to deduct arrears (we will only deduct if arrears are applicable)?
	No
Given name(s)	Ves
	4. Bank account details
Contact phone number Mobile number	Name of financial institution
Email address	
	Address of financial institution
Address for communications	
Residential address	Name of account holder(s)
Suburb State Postcode	
	BSB number Account number
	Australian Business Number (ABN) if company account

5. Credit card details

Type of credit card	📙 Ha
🗆 Visa 🔲 MasterCard	ра
Credit card expiry	Ha 🗌 Ha
MMYYY	🗌 Ha
Credit card number	🗌 Ha
	w

Name on credit card

If your credit card details change at any time (eg card number, expiry date) we won't be be able to process your payment. You'll need to complete a new **direct debit request** or provide us with your new credit card details over the phone—to this, please contact us on 131 267.

6. Authorisation and signature

Authorisation:

- I/We have read and understood the information provided on the **direct debit request information sheet**.
- I/We have read and agree to the terms of the direct debit service agreement.
- I/We request AMP Life (User ID 103) to debit my plan as outlined above, until further notice.

Account holder 1/Cardholder

Signature of account holder 1/cardholder



Date

Account holder 2 (if applicable)

Signature of account holder 2

X

Date

7. Checklist

- Have you completed section **3** to advise us of your premium payment details?
- Have you completed either section **4** or section **5** to advise which account is to be debited?
- Have you completed all relevant sections of this form?
- Have you (and any joint account holder) signed this form where indicated?

Where to send this form

Mail, email or fax the completed form to:

AMP Customer Service PO Box 14330 MELBOURNE VIC 8001

Any questions? 131 267

askamp@amp.com.au

03 8688 5799