

PAYMENT DETAILS

Use this form to set up or update:

- Ezipay Direct Debit payments through a bank, building society or credit union debit (fill out 1, 2A and 4)
- HCF Group payroll deduction if your employer has an arrangement with HCF (fill out 1, 2B and 4)
- Direct credit payments so we can pay your claims directly into your nominated account (fill out 1, 3 and 4)



Save time and update payments details online. Log in to online member services hcf.com.au/members

COMPLETE AND RETURN

Mail:
HCF
GPO Box 4242
Sydney NSW 2001
 or email:
membermaintenance@myhcf.com.au
 or call:
13 13 34

CREDIT CARD PAYMENTS

To protect your privacy we can't accept credit card details through printed forms. To make payments using a credit card:

- Log in to online member services hcf.com.au/members
- Visit your local branch hcf.com.au/branches
- Call us **13 13 34**

HCF Membership No.

1 MEMBER'S PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Date of birth (DD MM YYYY) Title First name Middle initial

Surname Gender (Please mark 'X') M F Date your membership is to commence (DD MM YYYY)

Home address

Suburb State Postcode

Phone - home Phone - work Mobile

Postal address (if different from your home address)

Suburb State Postcode

Email address

2 PAYMENT METHOD (PLEASE MARK 'X')

Please fill out one of the options below to pay your premiums automatically.

Ezipay Direct Debit (please complete Section 2A) Payroll deduction (please complete Section 2B)

A. EZIPAY DIRECT DEBIT REQUEST

I/We authorise The Hospitals Contribution Fund of Australia Limited User ID Number 245164 to arrange for funds to be debited from my/our account and as prescribed below through the Bulk Electronic Clearing System (BECS).

(PLEASE MARK 'X')

Weekly Fortnightly Monthly* Quarterly* Half yearly* Yearly*

(DD MM YYYY)

Please debit on the day* of the month. First debit to occur on (*Please nominate day: **Debit dates of 28, 29, 30, 31 are only available for weekly and fortnightly debits**)

Details of account to be debited (all details must be supplied)

Name of financial institution BSB No. Account No.

Branch

Account holder name (first initial and surname)

This authorisation is to remain in force in accordance with the terms described in the HCF Direct Debit Customer Service Agreement.

B. GROUP PAYROLL DEDUCTION AUTHORITY

Payroll deductions are available only when your employer has an arrangement with HCF.

Employer's name

Payroll or employee ID

I hereby authorise my employer to deduct from my wages or salary. (Please mark 'X')

Weekly Fortnightly Monthly Quarterly Half yearly Yearly

Employee's details

Title

First name

Middle initial

Surname

Date marking the end of the first deduction pay period (DD MM YYYY)

Other contribution details

If you wish to pay for other HCF memberships please give their details below:

Membership No.

Full name

Health \$

Total contribution deductions (if known)

Cash Assist \$

Membership No.

Full name

Total \$

3 SET UP DIRECT CREDIT OF BENEFITS

Benefits can be paid directly into your bank, building society or credit union account. Please fill out the details below to ensure HCF can pay any claims benefits directly into your nominated account.

Name of financial institution

BSB No.

Account No.

Branch

Account holder name (first initial and surname)

NB: Direct crediting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

4 DECLARATION (PLEASE READ AND SIGN)

I acknowledge and agree that:

- Where payment method is Group Payroll Deduction, I authorise my employer to deduct from my wages or salary.
- Where payment method is Ezipay Direct Debit Deduction, I authorise HCF to debit the account nominated.

I declare all information provided on this form to be true and complete.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF privacy policy. For a copy of this policy, call our member services team on **13 13 34** or go to **hcf.com.au**

Member's signature

Date (DD MM YYYY)

Account holder's signature or Cardholder's signature
(if different from member)

Date (DD MM YYYY)