

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

HCF

GPO Box 4242 Sydney NSW 2001

or email:

membermaintenance@hcf.com.au

or call:

13 13 34

•	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 YYYYY) Title First name Middle initial Surname Gender (Please mark 'X') 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 30, 31 are only available for weekly and fortnightly debits) (*Please nominate day: Debit dates of 28, 29,
	Details of account to be debited (all details must be supplied) Name of financial institution BSB No. Account No.



Branch			Account holder n	iame (iirst initiai	i aria sarriari	ne)
This authorisation is to remain	n in force in accordance with th	ne terms describe	ed in the HCF Dire	ct Debit Custom	ner Service A	greement.
B. GROUP PAYROLL DEDUC	TION AUTHORITY					
Payroll deductions are availab	le only when your employer ha	as an arrangemen	nt with HCF.			
Employer's name					Payro	oll or employee ID
I hereby authorise my employ Weekly		_				
Employee's details						
Title First name			Mic	ldle initial		
Surname		Data	marking the end	of the first deduc	ction nav ner	riod (DD MM YYYY)
Jamaine		Date	marking the chu t	or the mot deduc	ction pay per	
						Total contribution
Other contribution details						deductions (if know
If you wish to pay for other HO	CF memberships please give th	neir details below:	:			
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The Hospitals Contribution Fund of Australia Limited.
ABN 68 000 026 746 AFSL 241 414.
HCF Life Insurance Company Pty Limited.

ABN 37 001 831 250 AFSL 236 806