

CHANGE OF PAYMENT DETAILS

To change how you pay for your premiums, please complete sections 1, 2 and 4 of this form.
To receive payment of benefits to your bank account, please complete sections 1, 3 and 4 of this form.

Complete and mail to:
Reply Paid, HCF
GPO Box 4242
Sydney NSW 2001
or call us:
13 13 34
or visit your local branch:
hcf.com.au/branches

HCF Membership No.

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

Title First name Middle initial
Surname

2 CHANGE MY PAYMENT METHOD (PLEASE MARK 'X')

HCF offers you a number of easy ways to pay your premiums. Please fill out one of the options below to pay your premiums automatically.

Direct debit from your bank account using Ezipay (please complete Section 2a)
Direct debit from your nominated credit card (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 nominated bank 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. CREDIT CARD AUTHORITY

Cardholder name (exactly as it appears on your card)

Type of card (Please mark 'X') Debit frequency (Please mark 'X')
Visa Mastercard American Express Monthly* Quarterly Half yearly* Yearly*

Credit card No. Expiry date (MMYY)

Please debit my account on the day* of the month (*Please nominate day: **Debit dates of 28, 29, 30 and 31 are not available**).
This authorisation is to remain in force in accordance with the terms described in the HCF Direct Debit Customer Service Agreement.

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 credit card deductions, I authorise HCF to debit the account nominated.
- 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)