


Member Number: **Member Name:**

To submit new payment details, or update your existing details, please complete this form and send it to:
Westfund Head Office PO Box 235, Lithgow NSW 2790.

- Direct Debit** (Complete below)
 Direct Paying (Complete below)
  **Biller Code** - 726 802 (Please contact Westfund for your reference number)
 Payroll Deduction (Please complete Westfund Payroll Deduction Form and give to your Payroll Officer)

Direct Paying

(A payment notice will be sent four weeks before your payment is due.)

- Quarterly**
 Half-yearly
 Yearly

Direct Debit Request

I/We authorise and request until further notice in writing or by recorded telephone call to debit my/our/third party account described in the schedule below any amounts Westfund (The user), (APCA User ID Number 002481) may debit or charge me/us through the Bulk Electronic Clearing System (BECS), in accordance with the terms described in this request and the Direct Debit Request Service Agreement overleaf.

Please select your preferred deduction frequency and the date deductions are to commence:

- Weekly** Thursday direct debit
 Fortnightly Thursday direct debit
 Monthly Please tick your preferred direct debit date 1st OR 17th
 Yearly (Ambulance Only)
 Effective Date: / /

Direct Debit Request from a Bank Account

Financial Institution
Branch

BSB - Account Number

Name/s of Account Holder/s	<input type="text"/>	Signature of Account Holder/s	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>		<input type="text"/>	DAY MONTH YEAR
	<input type="text"/>		<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
				DAY MONTH YEAR

To protect your information we will not accept credit card details on printed forms. To arrange a direct debit using a credit card call us on 1300 937 838 or visit a Care Centre.

I/We request until further notice in writing or by recorded telephone call that payments of all benefit refunds be credited to this bank account. Benefits cannot be credited to a credit card.

Direct Credit of Benefits Please tick the box if same as Direct Debit details

Financial Institution
Branch

BSB - Account Number

Name/s of Account Holder/s	<input type="text"/>	Signature of Account Holder/s	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>		<input type="text"/>	DAY MONTH YEAR
	<input type="text"/>		<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
				DAY MONTH YEAR

Direct Debit Request Service Agreement (DDRSA)

1. This agreement relates only to the Direct Debit Scheme and method of premium payments and does not affect the conditions of membership.
2. By submitting the Direct Debit Request, you authorise us to arrange for funds to be debited from your Account in accordance with the Agreement.
3. The membership should be paid to the date of the direct debit deduction. If the membership is not paid to this date, the direct debit deduction may include all arrears owing.
4. A cancellation of the Direct Debit Request will be accepted:
 - a) in writing, signed and dated by the account holder
 - b) by fax, signed and dated by the account holder
 - c) by email to enquiries@westfund.com.au
 - d) by recorded acknowledgment over the telephone
 Cancellations must be received at least 7 days prior to the stated cancellation date. Members can call Westfund on 1300 937 838 for more information. Alternatively, you may contact your Financial Institution to arrange cancellation of the Direct Debit Request.
5. Alterations to account details must be received in writing at least 7 days before the next scheduled direct debit deduction date.
6. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
7. We will provide you no less than 14 days notice if there is a variation to any of the debit arrangements.
8. Dispute Resolution Process
 - a) If you believe there has been an error in debiting your account you should notify us directly on 1300 937 838. Alternatively you can take it up with your Financial Institution. Allow 14 days for the amendments to take effect or for response to a dispute.
 - b) If our investigations show that your Account has been incorrectly debited, we will arrange for the Financial Institution to adjust your Account accordingly. We will also notify you of the amount by which your Account has been adjusted. If our investigations show that your Account has been correctly debited, we will respond to your query by providing you with reasons and copies of any evidence for this finding.
 - c) If we cannot resolve the matter, you can still refer it to the Commonwealth Ombudsman.
9. You should be aware that:
 - a) direct debiting through the Bulk Electronic Clearing System (BECS) is not available on all accounts;
 - b) it is the responsibility of the member to check the suitability of the account for direct debit deductions. If you are in any doubt, please check with your Financial Institution before completing the drawing authority.
10. It is your responsibility to ensure that:
 - a) sufficient cleared funds are in the Account when the payments are to be drawn;
 - b) the authorisation to debit the Account is in the same name as the Account signing instruction held by the Financial Institution where the Account is held;
 - c) suitable arrangements are made if the direct debit is cancelled:
 - i. by yourself;
 - ii. by your Financial Institution; or
 - iii. for any other reason.
11. Direct debit deductions will take place on the frequency specified in your Direct Debit Request. If the due date for payment falls on a day other than a Banking Business Day, the payment will be processed on the next Banking Business Day. If you are uncertain when the payment will be debited from your Account, please check with your Financial Institution.
12. For returned unpaid transactions, the following procedures or policies will apply:
 - a) we treat the payment as if it had not been made;
 - b) services may be suspended until the outstanding charges are paid; and/or
 - c) a fee may be applied for drawings that are returned unpaid. We reserve the right to cancel the Direct Debit Request at any time if drawings are returned unpaid by your Financial Institution.
13. If a direct debit deduction is dishonoured, Westfund may attempt to make subsequent deductions at any time, including arrears of premium and any Financial Institution fee incurred on the dishonour.
14. After two consecutive direct debit deduction dishonours Westfund will remove the membership from direct debit to direct paying.
15. A refund of premiums cannot be issued within 14 days of the direct debit deduction date. This allows sufficient time for the Financial Institution to advise Westfund of any direct debit deduction dishonour.
16. All Customer records and Account details will be kept private and confidential to be disclosed only at your request or at the request of the Financial Institution in connection with a claim made to correct/investigate an alleged incorrect or wrongful debit or other wise as required by law.
17. Notice If you wish to notify us in writing about any thing to this Agreement, you should write to Westfund, PO Box 235, Lithgow NSW 2790. We may send notices either electronically to your email address or by ordinary post to the address you have given us. If sent by mail, communications are taken to be received on the day they would be received in the ordinary course of post.