

# Phoenix Health Fund Limited

A.B.N. 93 000 124 863

Registered Office: Industrial Drive Mayfield



**PHOENIX HEALTH FUND**

*All correspondence to be  
addressed to The Manager*

Postal Address:  
P.O. Box 156  
Newcastle, NSW 2300  
Telephone  
Toll Free: 1-800 02 8817  
Facsimile: (02) 4968 2229

## **THE PHOENIX HEALTH FUND LIMITED CLIENT DDR SERVICE AGREEMENT**

### **Our commitment to you**

#### **Drawing arrangements:**

**We will advise you**, in writing, the details of the Phoenix Health Fund direct debit drawing arrangements (amount-frequency-commencement date) at **least 7 calendar days prior to the first drawing**.

Where the due date falls on a non-business day, we will draw the amount on the next business day.

We will not change the amount or frequency of drawing arrangements without advising you in writing at **least 7 calendar days prior to drawing**.

We reserve the right to **cancel** the direct debit drawing arrangements if three or more drawings are returned unpaid by **your nominated Financial Institution** & to arrange with you an alternative payment method.

We will keep all information pertaining to your nominated account at your Financial Institution, private & confidential.

#### **Your rights:**

**You may terminate** your direct debit drawing arrangements at any time by giving written notice to us. Such notice should be received by at least 7 business days prior to the due date.

**You may stop payment of** a direct debit drawing by giving written notice to us. Such notice should be received by us at least 7 days prior to the due date.

Where you **consider that** a drawing has been initiated incorrectly you should take the matter up **directly** with us.

#### **Your commitment to us**

#### **Your responsibilities:**

It is **your responsibility to ensure** that sufficient funds are available in the nominated account to meet a **drawing on its due date**.

It is **your responsibility to ensure** that the authorisation given to draw on the nominated account is identical to **the account signing** instruction held by the Financial Institution where the account is based.

It is your responsibility to advise us if the account nominated by you to receive direct debit drawings is transferred or closed.

Direct Debiting may not be available on the full range of customer accounts and the client should **check directly with their Own Financial Institution**.

It is your responsibility to arrange with us a suitable alternative payment method if the direct debit drawing arrangements are cancelled either by yourselves or the nominated Financial Institution.

# Phoenix Health Fund Limited

A.B.N. 93 000 124 863

Registered Office: Industrial Drive Mayfield



**PHOENIX HEALTH FUND**

*All correspondence to be  
addressed to The Manager*

Postal Address:  
P.O. Box 156  
Newcastle, NSW 2300  
Telephone  
Toll Free: 1-800 02 8817  
Facsimile: (02) 4968 2229

## DIRECT DEBIT REQUEST (DDR)

**TO: PHOENIX HEALTH FUND LIMITED**  
(User ID Number 016605)  
P O Box 156  
Newcastle NSW 2300

I/We request that monies due, in terms of the drawing arrangements covered by this document, be drawn from our account conducted with

Financial Institution Name .....

Branch Name.....

Our account details are:

BSB Number:  -  Account Number:.....

Account Name:.....

We acknowledge that this Direct Debiting arrangement is governed by the terms of the Direct Debits Service Agreement provided by you.

Print Name(s).....

Signature(s).....

(Is more than one signature necessary?)

Date: ..... PHF Member Number:.....