

Direct Debit Request



Direct Debit Request Service Agreement

The following terms and conditions relate to the use of direct debit payments to your financial institution account or credit card. You (or the Account Holder if different from you) will need to keep this document with your records.

This Direct Debit Request Services Agreement is issued by MetLife Insurance Limited (MetLife) ABN: 75 004 274 882 AFSL No. 238096.

1. You are responsible for ensuring the specified account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payments on the due date.
2. MetLife will initiate debits to your nominated account or credit card in accordance with your application form.
3. MetLife agrees to provide not less than 14 days notice to you if it proposes to vary these arrangements.
4. You may request deferment of/or alteration to the agreed drawing schedule by writing to:
MetLife, GPO Box 3319, Sydney NSW 2001. MetLife reserves the right to decline this request.
5. You (or the Account Holder if different from you) can cancel, defer the direct debit or suspend an individual debit from taking place under it, by notifying MetLife by telephone or fax, or by notice in writing. You need to allow MetLife 14 days to process any cancellation, deferment or suspension.
6. In the event that you should disagree with any debit under the arrangement with MetLife, you should call us on **1300 555 625** or write directly to The Disputes Resolutions Manager at MetLife.
7. Direct debits will commence at least 5 business days after the commencement of your policy, and will be done on the same date each month unless otherwise agreed. When the due date for payment falls on a day that is not a business day, MetLife will debit your account on the next business day.
8. Direct debiting may not be available on all accounts. You are responsible for checking that the type of account is able to accept a direct debit before completing the Direct Debit Request.
9. In the event that your financial institution refuses to pay any direct debit made under the arrangement, MetLife will write to you requesting alternative payment.
10. Any information supplied by you (or the Account Holder if different from you) will remain confidential and will only be disclosed if authorised by you (or the Account Holder if different from you) or where required by law.
11. Initially, you should direct any request for stops or cancellations to MetLife.

1300 555 625
Monday to Friday 8.00am to 6.00pm EST

MetLife Insurance Limited
ABN 75 004 274 882
AFSL No. 238096

Direct Debit Request

Name:

Policy Number:

I/We authorise MetLife (User ID No.11238) to instruct the Financial Institution described below to debit my/our account any amount which MetLife may charge me/us in accordance with the Direct Debit Request Service Agreement. I/We have read the Direct Debit Request Service Agreement and I/We have the authority to make these payments.

OPTION A: Financial Institution Account Deductions

Full name of Account (Account Holder):

Financial Institution:

BSB:

Account No.:

I/We understand and acknowledge that:

1. The financial institution may in its absolute discretion determine the order or priority of payment by it of any moneys pursuant to this request or any authority or mandate.
2. The financial institution may in its absolute discretion at any time by notice in writing to me/us terminate this request as to future debits.

Account Holder's Signature(s):

1 Signature

Date

2 Signature

Date

OPTION B: Credit Card Deductions

MasterCard

Visa Card

Diners Club Card

American Express Card

Card Number:

Expiry Date:

Card Holder's Name:

Card Holder's Signature

Date

MAIL TO: MetLife Insurance Limited
Reply Paid 3319
SYDNEY NSW 2001

FAX TO: 02 9266 1111

1300 555 625

Monday to Friday 8.00am to 6.00pm EST

MetLife®

MetLife Insurance Limited
Level 9, 2 Park Street, Sydney NSW 2000
GPO Box 3319 Sydney NSW 2001
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AFSL No. 238096
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