## **Benefit Payments**Direct Credit Request

## **Health** Partners

By completing your details below, all of your claim benefit payments will automatically be credited into your chosen bank account. Just tick 'Direct Credit' next time you submit a claim and you'll never have to bank a claim cheque again! We'll also send you confirmation of benefits paid.

Member detai	ls		
Member Number			
Name (first name)		(surname)	
Address			
			Postcode
Bank account	details		
Please register this	account for payment of	f benefits by Direct Credit for	
Policyholder	Spouse/Defacto	Dependant	
Only the policyholder or	authorised person can make cha	nges to registered account details for the policyholder.	
Name of financial	institution		
Account in the nar	ne/s of		
BSB number	- Д	Account number	
Declaration	n		
☐ I declare t	nat I am authorised to sig	gn this application.	
Name			
Signature		Date	/ /