



Navy Health membership number (if known)

Title/Rank  Family name

Given names - First  Second

Address

Suburb  State  Postcode

1. How often would you like to pay?

Fortnightly  Monthly  Half-yearly  Yearly

For the amount of \$

2. How would you like to pay?

Direct debit - Bank account/Financial institution

I/we request Navy Health (Id. No. 25776) to debit funds from my/our nominated account according to the details specified below through the Electronic Banking System. This authorisation is to remain in force in accordance with the terms described in the Direct Debit Service Agreement. If my premium for my cover changes, I authorise Navy Health to alter the amount to be charged, from the appropriate date, and for the appropriate amount.

Financial institution

Account name

BSB number  Account number

I/we request that you debit the amount listed above, at the payment frequency specified. The exact debit amount will under normal circumstances reflect your regular premium however debits may vary if payment amounts are not received within stated guidelines.

I/we authorise the following:

1. The direct debit user to verify the details of the above mentioned account with my/our financial institution.
2. The financial institution to release information allowing the debit user to verify the above mentioned account details.

Signature

Date

Direct debit - Credit card

To protect your privacy Navy Health cannot request credit card information to be written on the application form. If you would prefer to pay your premiums with a credit card, please tick the box above and we will contact you regarding your ongoing credit card payment once your membership application is completed.