

Payment Authority



You do not need to complete this form if you are adding family to an existing policy, with a current payment method. If you are part of a group scheme and are adding family and/or non-subsidised add-on options, you will need to complete this form.

Membership Number

Phone Contact

First name(s)

Last Name

Payment method (Please select one option only)

Direct Debit Credit Card

A. Direct Debit Authority

Authority to accept Direct Debits
(Not to operate as an assignment or agreement)

Authorisation code:
0201319

Name on account (e.g. John Smith)

Bank Name (e.g. ANZ, BNZ, Westpac)

Recurring payment frequency: Weekly Fortnightly Monthly Quarterly Six-monthly Annually

Preferred date of first payment (dd/mm/yy)

Bank account number from which payments are to be debited

I/We authorise you until further notice, to debit my/our account with all amounts which Union Medical Benefits Society Limited ("The Initiator"), may initiate this Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed below.

Signature

Date (dd/mm/yy)

B. Credit Card Authority

Name on card

Expiry date on card

Credit Card payment frequency: Fortnightly Monthly Quarterly Six-monthly Annually

Preferred date of first payment (dd/mm/yy)

Card type

(Note we only accept Visa or Mastercard. We do not accept other cards such as American Express or Diners Club)

Visa MasterCard

For security reasons, please do not provide your credit card number. Once we receive this form, we will phone you to obtain this information.

I/We authorise you until further notice, to debit my card number as detailed above (the "nominated card") with all amounts which Union Medical Benefits Society Limited ("The Initiator") may initiate.

I/We acknowledge and accept that the initiator accepts this authority only upon the conditions listed below.

Cardholders Signature

Date (dd/mm/yy)

Payment Authority



Conditions of this authority to accept Direct Debits

1. The Initiator
 - a. Has agreed to give advance Notice of the net amount of each direct debit and the due date of debiting at least 10 calendar days before (but not more than 2 calendar months) the date the direct debit will be initiated. This notice will be provided either:
 - i. in writing; or
 - ii. by electronic mail where the Customer has provided prior written consent to the Initiator
The advance notice will include the following message:
"Unless advice to the contrary is received from you by (*date), the amount of \$.....will be directly debited to our Bank account on (initiating date)."
* This date will be at least two days prior to the due date to allow for amendment of direct debits
 - b. May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.
2. The Customer may:
 - a. At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
 - b. Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.
3. The Customer acknowledges that:
 - a. This authority will remain in full force and effect in respect of all direct debits made from me/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
 - b. In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
 - c. Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.

- d. Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - i. the accuracy of information about Direct Debits on Bank statements
 - ii. any variations between notices given by the Initiator and the amounts of Direct Debits
- e. The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non- receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
4. The Bank may:
 - a. In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
 - b. At any time terminate this authority as to future payments by notice in writing to me/us.
 - c. Charge its current fees for this service in force

Conditions of this authority to accept recurring card payments

1. The Initiator agrees:
 - a. To give advance written notice (including by electronic means) to the Customer in the form of a schedule of payment dates and the net amounts to be debited to the Nominated Card.
 - b. In the event of any subsequent change to the frequency or amount of the debits to the Nominated Card, the Initiator has agreed to give advance written notice of at least 10 days to the Customer before the changes comes into effect.
2. The Customer may:
 - a. At any time, terminate this Authority by giving written notice of termination to the Initiator.
3. The Customer acknowledges that:
 - a. This Authority will remain in full force and effect in respect of all amounts to be debited to my Nominated Card in good faith notwithstanding my death, bankruptcy or other revocation of this authority.

Get in touch

The team at UniMed are available answer any questions you may have.

Phone: **0800 600 666** (freephone)
03 365 4048

Email: accounts@unimed.co.nz

Head Office

Union Medical Benefits Society Limited
Level 3, 165 Gloucester Street, Christchurch
PO Box 1721, Christchurch 8140

unimed.co.nz