

# Payment method form

For information on discounts available at Accuro, visit [accuro.co.nz/about/discounts](https://accuro.co.nz/about/discounts)

Policy number	Main member name
Preferred first date of payment	Date <b>DAY / MONTH / YEAR</b> or <input type="radio"/> as soon as possible

## Invoice

Please fill in the details below if you would like to pay by Invoice.

Recurring payment frequency	<input type="radio"/> Monthly <input type="radio"/> Annually
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## Credit/Debit card

Please fill in the details below if you would like to pay by Credit/ Debit Card.

Recurring payment frequency	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Annually	Please note that we only accept Visa or Mastercard. We do not accept other cards such as American Express or Diners Club.
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For security reasons, please do not provide your credit card number. Once we receive this form, we will contact you with a secure link to provide these details. This link will be valid for 48 hours. Please remember, when your credit/debit card expires, you will need to contact us to update your credit/debit card details.

Accuro Health Insurance (Accuro) is a brand owned, operated and underwritten by Union Medical Benefits Society Ltd trading as UniMed.

I/We authorise Union Medical Benefits Society Limited (trading as UniMed), until further notice in writing, to charge my/our credit/debit card account with all amounts due on my/our UniMed account from time to time, on or after the payment due date.

Cardholder signature	Date <b>DAY / MONTH / YEAR</b>
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## Direct Debit authority

Please fill in the details below if you would like to pay by Direct Debit.

Recurring payment frequency	<input type="radio"/> Weekly <input type="radio"/> Fortnightly <input type="radio"/> Monthly <input type="radio"/> Annually
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Name of account
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Account number
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

### To the manager:

Bank name
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I/We authorise the bank to debit my account with the amounts of direct debits from Union Medical Benefits Society Ltd. (trading as UniMed) with the authorisation code specified on this authority in accordance with this authority until further notice. I/we agree that this authority is subject to the bank's terms and conditions that relate to my account, and the specific terms and conditions listed below.

### The following information will appear on your bank statement:

Payer particulars:	UniMed
Payer code:	Health insurance
Payer reference:	Your policy number

Authorised signatures	Date signed: <b>DAY / MONTH / YEAR</b>
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**AUTHORITY  
TO ACCEPT  
DIRECT DEBITS**

(not to operate as an  
assignment or agreement)  
Authorisation Code

**0 3 4 3 6 0 4**

(User number)

### For bank use only

Approved	Date received	Recorded by	Checked by	Bank stamp	Original Retain at branch
4360					
06 2024					<b>Copy</b> Forward to Initiator if requested

## Specific conditions relating to notices and disputes

1. I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
  - I don't receive written notice of the amount and date of each direct debit from the initiator, or
  - I receive written notice but the amount or the date of debiting is different from the amount or the date specified on the notice.
2. The initiator is required to give me written notice of the amount and date of each direct debit in a series of direct debits no less than 10 calendar days before the date of the first direct debit in the series. The notice is to include:
  - the dates of the debits, and
  - the amount of each direct debit.
3. If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify me a second time of the amount and date of the direct debit.
4. If the initiator proposes to change an amount or date of a direct debit specified in the notice, the initiator is required to give me notice:
  - no less than 30 calendar days before the change, or
  - if the initiator bank agrees, no less than 10 calendar days before the change.