

# Direct Debit Request Authority

Request and Authority to debit the account named below to pay Allianz Australia Workers Compensation Accounts.

## Request and Authority to debit

Policy Number MWN6052545

Surname or company name MANTILLA MEDICAL PTY LTD

Given names \_\_\_\_\_ ('you')

request and authorise Allianz Australia Insurance Limited to arrange for any amount Allianz Australia Insurance Limited may debit or charge you in respect of your Workers Compensation Renewal Premium from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below).

## Insert the name and address of financial institution at which account is held

Financial Institution name Commonwealth Bank Australia

Address Charlestown, NSW 2290

Charlestown, NSW 2290

## Insert details of account to be debited

Name of account MANTILLA MEDICAL PTY LTD

BSB number 

0	6	2	-	8	0	6
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Account number 

1	0	3	4	1	5	2	2							
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## Acknowledgement

By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Allianz Australia Insurance Limited **as set out on the reverse of this document.**

## Instalment Options

(Please tick appropriate box)

Annually  Quarterly  Monthly

## Debits

Debits may be made on the due date indicated on the issue of a billing advice.

## Insert your signature and address

Signature  Dr Anecito MANTILLA, director

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address 4/90 Teralba Road, Adamstown, NSW 2289

Date 29 / 9 / 2011 Telephone No. 0439383622

## Privacy Notification

The information requested on this form is being collected in order that your account may be debited in favour of Allianz Australia Insurance Limited.

The information will be used by staff of Allianz Australia Insurance Limited and the nominated financial institution for the purpose mentioned or a directly related purpose.

This information is provided on a voluntary basis and you may apply to Allianz Australia Insurance Limited for access or amendment of the information at any time.

## Debiting your account

1.1 By signing a Direct Debit Request Authority, you have authorised us to arrange for funds to be debited from your account.

1.2 We will only arrange for funds to be debited from your account if we have sent a billing advice which specifies the amount payable by you to us and when it is due.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day.

If you are unsure about which day your account has or will be debited you should ask your financial institution.

## Changes by us

2.1 We may vary any details of this agreement or a Direct Debit Request Authority at any time by giving you at least fourteen (14) days written notice.

## Changes by you

3.1 Subject to 3.2 under, you may change the arrangements under a Direct Debit Request Authority by contacting us on 1300 130 664.

3.2 You may also cancel your authority for us to debit your account any time by giving us fourteen (14) days notice in writing before the next debit day. This notice should be given to us in the first instance.

## Your obligations

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request Authority.

4.2 If there are insufficient clear funds in your account to meet a debit payment;

- You may be charged a fee and/or interest by your financial institution,
- You may also incur fees or charges imposed or incurred by us, and
- The outstanding instalments will become due and payable in full.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If Westpac Banking Corporation ABN 33 007 457 141 (Westpac) is liable to pay goods and services tax (GST) on a supply made by Westpac in connection with this agreement, then you agree to pay Westpac on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

## Dispute

5.1 If you believe that there has been an error in debiting your account against the amount as shown on your invoice, you should notify us directly on 1300 130 664 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

## Accounts

6.1 You should check:

- With your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- Your account details which you have provided to us are correct by checking them against a recent account statement; and
- With your financial institution before completing the Direct Debit Request Authority if you have any queries about how to complete the Direct Debit Request Authority.

## Confidentiality

7.1 We will keep any information (including your account details) in your Direct Debit Request Authority confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. We will only disclose information that we have about you; to the extent specifically required by law or for the purposes of this agreement (including disclosing information in connection with any query or claim).

## Notice

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to Allianz Australia, PO BOX 5429, SYDNEY NSW 2001.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request Authority.

8.3 Any notice will be deemed to have been received two (2) business days after it is posted.

## Definitions

**Account** means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

**Agreement** means this Direct Debit Request Customer Agreement between you and us.

**Business Day** means a day other than a Saturday or a Sunday or a public holiday

**Debit Day** means the day that payment by you to us is due.

**Debit Payment** means a particular transaction where debit is made.

**Direct Debit Request Authority** means the Direct Debit Request Authority between us and you.

**Us** or **We** mean Allianz Australia you have authorised by signing the Direct Debit Request Authority.

**You** means the customer who signed the Direct Debit Request Authority.

**Your Financial Institution** is the financial institution where you hold the account that you have authorised us to arrange to debit.