DIRECT DEBIT/ CREDIT REQUEST FORM

UPDATED SEPTEMBER 2026

NURSES MIDWIVES HEALTH
Caring for the carers

OVERVIEW

You can use this form to:

- Give us authority to debit amounts from your bank account
- Nominate an account for payment of claim benefits
- Change or amend your bank account details for direct debit or credit

DEFINITION OF TERMS

Account	The account held at *your financial institution* from which we are authorised to arrange for funds to be debited.
Agreement	This Direct Debit Service Agreement between *you* and *us*.
Business day	Business day means a day other than a Saturday or Sunday, or a public holiday listed throughout Australia.
Due date	The day that payment by *you* to *us* is due.
Debit amount	A particular transaction where a debit is made.
Direct Debit request	The Direct Debit request (DDR) between *you and us*.
Us or we	(The Debit User) *You* have authorised Teachers Federation Health Ltd ABN 86 097 030 414 (TFH) Debit User Number 009933, by requesting a *Direct Debit request*.
You	The customer who has signed or authorised by other means the *Direct Debit request*.
Your financial institution	The financial institution nominated by you on the DDR at which the *account* is maintained.

DIRECT DEBIT REQUEST SERVICE AGREEMENT

You have entered or are about to enter into an arrangement under which you make payments to us.
You want to make those payments by use of the Direct Debit System (Bulk Electronic Clearing System).

This agreement sets out the terms on which we accept and act under a Direct Debit request ('Your Direct Debit request').
You give us authority to debit amounts from your account under the Direct Debit System. It is additional to any other arrangement under which you make payments to us.

Please ensure you keep a copy of this agreement as it sets out certain rights and obligations you have with us by giving us your Direct Debit request.

When are we bound by this agreement?

We agree to be bound by this agreement when we receive your Direct Debit request complete with the particulars we need to draw a debit amount under it.

What we agree and what we can do.

1. **We only draw money out of your account in accordance with the terms of your Direct Debit request**
2. **On giving you notice we may:**
   - Change our procedures in this arrangement
   - Change the terms of your Direct Debit request; or
   - Cancel your Direct Debit request

   Nurses & Midwives Health will give fourteen (14) days written notice for any changes to this agreement
3. **You may ask us to:**
   - Alter the terms of your Direct Debit request
   - Defer payment to be made under your Direct Debit request
   - Stop a drawing under your Direct Debit request; or
   - Cancel your Direct Debit request

   In order for us to process any changes, you must provide us with details of the change 14 days prior to the due date.

   Stops and cancellations can be directed to us or your own financial institution. We will need to receive the request 14 days prior to the due date.
4. **You may dispute any debit amount we draw under your Direct Debit request by:**

   Notifying us of your dispute by letter/phone/email and provide us details of the payment you are disputing and reasons for the dispute. We will endeavour to resolve any dispute within 10 business days. Disputes may also be directed to your own financial institution.
5. **We deal with any dispute under clause 4 of this agreement as follows:**

   We will investigate the dispute and if it is found that the amount has been debited in error we will refund you the disputed debit amount within 10 business days. Where it is found that the disputed amount has been debited correctly and in accordance to the terms of the agreement, we will notify you of that outcome in writing within 7 days.
6. **If the due date is not a business day, we draw on your account under your Direct Debit request on the next business day.**
7. **If your financial institution rejects any of our attempts to draw an amount in accordance with your Direct Debit request:**

   We may charge you for any fees incurred to us by our financial institution as a result of the reject. We will contact you to discuss a reattempt to draw the funds from your account in accordance with your Direct Debit request, or to arrange alternative methods of payment. You should check your account statement to verify that
   the amounts debited from your account are correct. When you enter into a direct debit agreement with us you are responsible for paying any arrears that arise on the membership due to a direct debit payment not being deducted.
8. **We will not disclose to any person any information you give us on your Direct Debit request, which is not generally available, unless:**
   - You dispute any amount we draw under your Direct Debit request,
     where we will be required to disclose your information to your financial institution in order to investigate the dispute
   - You consent to that disclosure; or
   - We are required to disclose that information by law
9. **If you wish to notify us in writing about anything relating to this agreement, you should write to:**

   Nurses & Midwives Health GPO Box 3874, Sydney NSW 2001

   We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit request.
   Any notice will be deemed to have been received on the third banking day after posting.

What you should consider.

1. Not all accounts held with a financial institution are available to draw on under the Direct Debit System
2. Before you complete your Direct Debit request, it is best to check account details against a recent statement from your financial institution to ensure the details on your Direct Debit request are completed correctly
3. Please enquire at your financial institution if you are uncertain when your financial institution processes an amount we draw under your Direct Debit request
4. It is your responsibility to ensure there are sufficient clear funds available in your account, by the due date to enable us to obtain payment in accordance with your Direct Debit request
5. Nurses & Midwives Health is unable to accept Direct Debit request from a credit card account

1. MEMBERSHIP DETAILS

Note: Please complete this form using CAPITAL LETTERS and a black pen only.

Member number

Title ◯ Mr ◯ Mrs ◯ Miss ◯ Ms ◯ Dr Other

First name

Surname

Date of birth D D / M M / Y Y Y Y

Home phone Mobile

Email

Home address

Address

Suburb/town State Postcode

Postal address

◯ As above or please complete details if different to home address:

Address

Suburb/town State Postcode

2. ACCOUNT DETAILS

By signing this document, I/we authorise Teachers Federation Health Ltd ABN 86 097 030 414 trading as Nurses & Midwives Health and with Debit User Number 509744 the Debit User, to debit my/our account, detailed in the schedule below, with any amount, through the Direct Debit System (Bulk Electronic Clearing System). I/we must pay you when due under the arrangement between us.

Financial institution

Payment frequency ◯ Fortnightly ◯ Monthly ◯ Quarterly ◯ Six-monthly ◯ Yearly

Account name

BSB number – Account number

Please nominate the date you would like your direct debit arrangement to commence. The deductions will reoccur from this date based on the frequency you have selected.

Date D D / M M / Y Y Y Y

Note: Direct debit may not be available on the full range of accounts. If in doubt refer to your financial institution.

3. DIRECT CREDIT

Claim benefits/refunds deposited directly into your bank account (please choose one of the below options)

◯ Use the above bank account or ◯ Select a different bank account (please provide details below)

Account name

BSB number – Account number

4. AUTHORISATION

I/we acknowledge that the direct debiting arrangement is governed by the terms of the Direct Debit Member Service Agreement received from you. I am authorised to use the nominated debit/credit account.

Signature

Date D D / M M / Y Y Y Y

Signature

Date D D / M M / Y Y Y Y

Note:
If this request is for a joint account, ensure both members sign the authorisation.
If a company, signature must be of authorised signatory/ signatories.

WHAT NEXT? Once form is completed please send to **GPO Box 9812, Sydney NSW 2001** or **info@nmhealth.com.au**

Privacy Policy: Nurses & Midwives Health respects your privacy and is committed to managing and protecting your personal and health-related information in accordance with relevant legislation in Australia. If you would like to find out more about Nurses & Midwives Health's privacy policy, visit nmhealth.com.au/privacy. Teachers Federation Health Ltd ABN 86 097 030 414 trading as Nurses & Midwives Health. A Registered Private Health Insurer.