

## DIRECT DEBIT REQUEST

I / We request you, Hospitality Industry Insurance (debit user ID 370603) to debit any amount relating to workers compensation insurance for the policy number shown below, through the Bulk Electronic Clearing System for my / our nominated account at the financial institution outlined below.

New Request

Change in Financial Institution details

Policy Number \_\_\_\_\_

Employer Name \_\_\_\_\_

ACN / ABN \_\_\_\_\_

Postal address \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch location \_\_\_\_\_

BSB \_\_\_\_\_ Account number \_\_\_\_\_

Account name \_\_\_\_\_

*Completed and signed on behalf of employer by*

Full Name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date. \_\_\_\_\_

### *Direct Debit Agreement*

By completing the direct debit request you have authorised Hospitality Industry Insurance to arrange for funds to be debited from the nominated bank account for all workers compensation policy premiums on their due date, or next business day.

By completing the direct debit request you agree to:

- Ensure that funds will be available to be deducted on the due date of payments, or next business day.
- If there are any changes to the nominated account, ensure a new direct debit request is completed and provided to Hospitality Industry Insurance at least 7 days prior to the next payment/s due date
- If you wish to have a direct debit stopped, advise Hospitality Industry Insurance at least 7 days prior to the next payment/s due date.
- If you wish to have the direct debit cancelled, advise Hospitality Industry Insurance at least 7 days prior to the next payment/s due date.
- If you have any questions regarding this agreement, please contact Hospitality Industry Insurance to discuss, 8251 9069.

In completing this authority you, as the employer or on behalf of the employer, agree that you have read, understood and accepted the Direct Debit Agreement and that you have the authority of the account owner to approve payments being made from the nominated account.

By completing this authority you acknowledge that should there be insufficient funds in the nominated account upon a due date that:

- If paying by instalments these will forfeit, placing the remaining balance in full.
- Where applicable late payment fees on the full outstanding amount will be payable at the statutory rate, compounded monthly.
- Dishonor fee of \$10 will be charged

Note: If the account to be debited is a joint account that requires more than one signature please have the appropriate number of account signatories sign. If the account is held by the company, please have the form signed by a director and company secretary. If you are signing on behalf of another person or entity, please state the capacity in which you are signing.

Signature \_\_\_\_\_

Signature 2, if required \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_