ACA Health Payment Changes Form

Policy Holder



Complete this form by choosing one of the below three options to permanently change your bank details for payment towards your membership. Membership Number# Name of policy holder: Please change my membership & pay the appropriate contributions from Bank Account - Direct Debit I/ We request ACA Health Benefits Fund user ID 031606 to arrange for funds to be debited from my / our nominated account at the financial institution shown below according to the specified schedule. I agree that in the event of changes to premiums, transfer of product or arrears payment, I authorise ACA Health to alter the amount from the appropriate date in accordance with such changes. Name of Financial Institution Account Name **BSB** Account Number Frequency: Monthly Quarterly Yearly Please note: premiums are deducted in advance on the 20th of the month, or the next working day Date Signed 2. Credit Card - Direct Debit I / We request ACA Health Benefits Fund to charge my / our nominated credit card according to the specified schedule. I agree that in the event of changes to premiums, transfer of product or arrears payment, I authorise ACA Health to alter the amount from the appropriate date in accordance with such changes. Visa MasterCard Account Name Exp Date Account Number Please make a catch up payment using this card Frequency: Monthly Quarterly Yearly Please note: premiums are deducted in advance on the 20th of the month, or the next working day Signed Date 3. Payroll Deduction Currently only available to employees of: Sydney Adventist Hospital, Sanitarium Health Food Company, Signs Publishing Company, South Australian Conference, and Elizabeth Lodge Adventist Retirement Village I hereby give authority for payroll deductions for my appropriate premiums to be made as follows: Payroll Officer Signature Date

Signature

Date

I/We would like to make payments towards the membership either by credit card over the phone, via Online Member Services or by Bpay. I/We understand that this means it will be my/our responsibility to make payments towards the membership and keep the memberhip up-to-date.		
Please send me my Bpay details via email to the address below.		
Email		
Signed	[Date