

# Payment options

## Indemnity insurance

Membership with Avant Mutual Group Limited ABN 58 123 154 898

Practitioner Indemnity Insurance with Avant Insurance Limited ABN 82 003 707 471 AFSL 238765

Version: November 2020

1. Contact information			
Title	First name	Last name	
Member ID	Mobile		
Email	Telephone		
Alternate email			
2. Payment frequency			
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Yearly	
3. Payment information			
<input type="checkbox"/> Cheque	Please make the cheque payable to 'Avant Insurance Limited'		
<input type="checkbox"/> Credit card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX <input type="checkbox"/> Diners
Name on card			
Card number	Expiry date		
Signature	Date		
<input type="checkbox"/> Direct debit request	<p>I/We request and authorise Avant Insurance Limited (under User ID 010731) to arrange payments to be debited from my/our nominated account to pay for insurance premiums and Avant membership subscriptions provided to me by Avant Insurance. This debit or charge will be arranged by Avant Insurance Limited's financial institution and made through the Bulk Electronic Clearing System (BECS) in accordance with terms described in the Avant Insurance Direct Debit Service Agreement.</p>		
Financial institution name			
Account name			
BSB number (must be six digits)	Account number		
Signature 1	Date		
Signature 2	Date		
<p><i>If debiting from a joint bank account, both signatures are required.</i></p> <p>By submitting this Direct Debit Request (DDR) you are providing us with a valid instruction in respect to your DDR, and confirming that you have read, understood and agreed to the terms and conditions governing the debit arrangements between you and Avant Insurance as set out in this DDR and in our Direct Debit Service Agreement.</p> <p>Subject to the terms of the Direct Debit Service Agreement, 14 days notice is required if the terms of the above DDR are to be changed.</p>			

## Confirmation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:

- you are authorised to operate the nominated account; and
- you have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.

### Your signature

Signed in accordance with the account authority on your account:

Signature		Date	
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### Second account signatory (if required)

Signed in accordance with the account authority on your account:

Full name			
Address			
Email		Mobile	
Signature		Date	

### Signing for a company

You must be authorised to sign on behalf of the company AND you must have authority to operate the company's bank account:

Company name			
Full name			
Address			
Email		Mobile	
Signature of duly authorised officer		Date	

### Second company signatory (if required)

Full name			
Address			
Email		Mobile	
Signature of duly authorised officer		Date	

Please return this form to **Avant Insurance Limited PO BOX 746 Queen Victoria Building NSW 1230**,  
or email [memberservices@avant.org.au](mailto:memberservices@avant.org.au) or contact us on **1800 128 268**.

# Direct debit request

## Service agreement

This is your Direct Debit Service Agreement with Avant Insurance (under User ID 407295 or User ID 010731, as identified in the DDR). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

### 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 Service Agreement between you and us.

**Banking day** means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

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

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

**Direct Debit Request** means the written, verbal or online request between us and you to debit funds from your account.

**Us or we** means Avant Insurance, (under User ID 407295 or User ID 010731, as identified in the DDR) you have authorised by requesting a Direct Debit Request.

**You** means the customer who has authorised the Direct Debit Request.

**Your financial institution** means the financial institution at which you hold the account is maintained you have authorised us to debit.

### 1. Debiting your account

- 1.1 By submitting a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. The Direct Debit Request and this agreement set out the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request; or We will only arrange for funds to be debited from your account if we have sent to the email/address nominated by you in the Direct Debit Request, 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 banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which

day your account has or will be debited you should ask your financial institution.

### 2. Amendments by us

- 2.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least 14 days written notice sent to the preferred email/address you have given us in the Direct Debit Request.

### 3. How to cancel or change direct debits

You can:

- a) cancel or suspend the Direct Debit Request; or
- b) change, stop or defer an individual debit payment at any time by giving at least 14 days notice.

To do so, contact us at **1800 128 268** during business hours; or

You can also contact your own financial institution, which must act promptly on your instructions.

### 4. 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.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
  - a) you may be charged a fee and/or interest by your financial institution;
  - b) we may charge you reasonable costs incurred by us on account of there being insufficient funds; and
  - c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.

## 5. Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on **1800 128 268** or email **memberservices@avant.org.au**

Alternatively you can contact your financial institution for assistance.

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 within a reasonable period 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 in writing.

## 6. Accounts

You should check:

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

## 7. Confidentiality

7.1 We will keep any information (including your account details) in your Direct Debit Request 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.

7.2 We will only disclose information that we have about you:

- a) to the extent specifically required by law; or
- b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

## 8. Contacting each other

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

**Avant Insurance Limited**  
**PO BOX 746**  
**Queen Victoria Building NSW 1230**

8.2 We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request.

Any notice will be deemed to have been received on the second banking day after sending.