

Change my direct debit details



Personal Contributions

Update your direct debit details using this form. If you are changing any personal details (ie. your name, date of birth), you must use the Change my details form instead.

Your details

*Your 7 or 8 digit Health Super member number	*Mr Ms Mrs Miss Dr Other (please specify)	
<input type="text"/>	<input type="text"/>	
*Given name(s)	*Surname	*Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Full residential address (PO Box not acceptable)		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address if different from residential address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number (BH)	Phone number (AH)	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		
Employer name		
<input type="text"/>		

Cancel / Change details

I request that JP Morgan Nominees Australia Ltd ACF Health Super Fund (User ID 218326) cancel / change my old details which were:

\$

monthly, OR, as a one off payment

From my account held with (financial institution)

My new account details

Complete this section if you are changing details. if you are cancelling your direct debit, do not complete this section. (if your account is held jointly, please provide both names. If the account is held by a company, please provide the full company name and ABN)

Account Name	ABN (if company account)
<input type="text"/>	<input type="text"/>
Account Number	BSB number (6 digits)
<input type="text"/>	<input type="text"/>



continued overleaf.....

Sign and return this form to:

Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

Declaration

I acknowledge that I have read and understood the direct debit arrangement as governed by the terms of this Client Services Agreement received from Health Super Pty Ltd.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Other account signatory (if any)

Date

D	D	M	M	Y	Y	Y	Y
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Client services agreement: How direct debit works and your rights

By making a direct debit request you are giving Health Super permission to debit amounts (minimum of \$20 per drawing) from your nominated bank account into your Health Super account.

Simply complete the request form below. Remember to complete all details to avoid any delays. Health Super must receive your direct debit request form by the last business day of the month prior to your first direct debit.

The direct debit will be made on the seventh day of each month from your nominated bank account. Where the due date falls on a non-business day, Health Super will draw the amount on the next business day (or within the next two business days). Health Super will not change the amount or frequency of the drawing arrangement without your prior written consent.

Health super reserves the right to cancel your direct debit drawing arrangements if three or more drawings are turned unpaid by your nominated financial institution.

You may terminate your Health Super direct debit drawing arrangements at any time. Simply give us written notice at least 28 business days prior to the due date. You may stop a direct debit withdrawal by notifying us in writing at least 28 business days prior to the due date.

If there is not enough money in your bank account, Health Super will receive a dishonour notice from the ANZ bank and your financial institution may impose dishonour/honour fees.

If drawings have been made outside your arrangements with health Super, you should notify us immediately on 1800 331 719.

Remember to tell us if your contact details change or if you decide to change your direct debit arrangements, such as nominated debit amount or bank account details. To change your details, visit the forms section on our website and download your copy of the Direct debit change form.

Disclaimer

Any advice in this document has been prepared without taking into account your objectives, financial situation or needs. Before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs. You should obtain and consider the current Member Guide (Product Disclosure Statement) and speak to a licensed or authorised financial adviser before investing or making any other financial decisions in relation to Health Super.

Privacy

We collect your personal information for purposes detailed in Privacy Statements in the Member Guide we have sent you. To find out more, read our Privacy Policy on healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675)