



# Direct Debit Request

## Service Agreement

1. St Andrew's Australia Services Pty Ltd ABN 75 097 464 616 (Debit User) will initiate direct premium debit payments in the manner referred to in the Schedule (contained in the Application for Loan Protection).
2. Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
3. The Debit User will give you at least 14 days' written notice if the Debit User proposes to vary details of this arrangement, including the amount and frequency of debit payments.
4. If you wish to defer any payment or alter any of the details referred to in the Schedule, you must either contact the Debit User on 1300 363 159 or write to the Debit User at the following address:  
Head Office:  
St Andrew's Australia  
PO Box 7395  
Cloisters Square WA 6850
5. Any queries concerning disputed debit payments must be directed to the Debit User in the first instance. Details of the dispute resolution process that applies to the Debit User are described in the Loan Protection Product Disclosure Statement including Policy Wording. You may also contact the Debit User on 1300 363 159 or at the above address. Any queries you have regarding any disputed debit payments, may also be directed to your financial institution.
6. Direct payment debiting is not available on the full range of accounts at all financial institutions. If in doubt, you should check with your financial institution before completing the Direct Debit Request.
7. You should ensure that your account details given in the Schedule are correct by checking against a recent statement from your financial institution at which your account is held.
8. It is your responsibility to have sufficient cleared funds available by the premium due date, in your account to enable debit payments to be made in accordance with the Direct Debit Request.
9. By signing the Direct Debit Request, you warrant and represent that you are duly authorised to request and instruct the debiting of premium payments from your account described in the Schedule.
10. If a debit payment falls due on any day which is not a business day, the payment will be made on the next business day. If you are uncertain as to when a debit payment will be processed to your account, you should make enquiries directly with your financial institution at which your account is held.
11. If a debit payment is returned unpaid, you may be charged a fee for each returned item by your financial institution.
12. Should you wish to cancel the Direct Debit Request or to stop individual payments you must give at least 7 days' written notice to the Debit User at the address referred to above or by directing your request to your financial institution at which your account is held.
13. Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User will keep the details of your account and debit payments confidential. The Debit User's Sponsor bank may require information relating to your records and account details to be provided in connection with any claim made on it relating to an alleged incorrect or wrongful debit.

## LOAN PROTECTION APPLICATION CHECKLIST

Please ensure that **ALL** sections of the Application are completed.

Incomplete forms lead to delays in processing and policies being activated. This could potentially lead to your customers not receiving the protection they need.

The following are common errors and omissions made when completing application forms:

- Missing **customer information**, i.e. address, date of birth
- Missing **signatures**; ensure the application is signed and dated by the customer
- Missing **Loan Account** information (this is the loan or contract number)
- Missing or incomplete **direct debit** details
- Missing or incorrect policy information, including:
  - Customer's selected **Cover Type**
  - **Premium Details**
  - Customer's selected **Insurance Term**

If your customer's loan, or the aggregated total of their protected loans, is more than \$750,000 then an **Underwriting Questionnaire** must also be completed and sent to St Andrew's for underwriting purposes

For a full description of all Application fields, please turn over >

## APPLICATION FIELD DESCRIPTIONS

### **LOAN ACCOUNT DETAILS – THIS SECTION MUST BE COMPLETED**

**Lender:** name of Bank, Credit Union or Building Society that provides the loan facility.

**BSB Number:** identification number of the financial institution & branch providing the loan facility.

**Acct No:** loan or contract number.

**Account Name:** name that the loan is in. If loan is in a trust name, the applicant must be a person.

**Loan Amount/Credit Limit:** total amount borrowed less insurance premium or residual amounts.

**Loan Commencement Date:** loan start date.

**Monthly Loan Repayment:** amount of money paid back to the financial institution.

**Loan Term:** loan term i.e. how long to pay back the loan.

**Staff Name & Number:** sales person's name & staff number.

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### **APPLICANT DETAILS – THIS SECTION MUST BE COMPLETED**

**First Applicant "You":** main applicant's personal & contact details.

**Second Applicant "You":** only complete if there is a second applicant.

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### **INSURANCE DETAILS - THIS SECTION MUST BE COMPLETED**

**Select Cover Type:** tick one box only (for each applicant's choice). This must be completed for all applicants.

**Select Payment Method and Insurance Term:** The premium can be financed into the loan or paid monthly by Direct Debit.

**Confirm Premium Details:** the cost of premium for selected cover level.

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### **DECLARATION – CUSTOMER MUST SIGN & DATE THIS SECTION**

**Signature of First Applicant & Date:** the first applicant's signature and date of signing.

**Signature of Second Applicant & Date:** only required if there is a second applicant.

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### **DIRECT DEBIT REQUEST – THIS SECTION MUST BE COMPLETED IF THE APPLICANT HAS ELECTED TO PAY THEIR PREMIUM BY MONTHLY DIRECT DEBIT**

#### **Direct Debit from a cheque/savings account:**

**Name(s):** name(s) of the applicants.

**Account Name:** name of the account to deduct the premium from.

**Financial Institution:** name of Bank, Credit Union or Building Society.

**Branch Name:** name of the branch where the money is held.

**BSB Number:** identification number of the financial institution & branch providing the loan facility.

**Account Number:** account number where the premium is deducted monthly.

**Signature & Date:** signature of the account holder and date of signing. If a joint account, both signatures are required.

#### **Direct Debit from a credit card account:**

**MasterCard, Visa Card:** type of credit card.

**Card Number:** number of the credit card.

**Expiry Date:** credit card expiry date.

**Card Holder Name & Signature:** name of the card holder and their signature.

**Date:** date of the card holder's signature.