

# Direct Debit Request (DDR) Service Agreement

## Our commitment to you

This document sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance in respect of your direct debit arrangement with Calliden Insurance.

## Initial terms of the arrangement

In terms of the DDR arrangement made between us and signed by you, we undertake to periodically debit your nominated account in accordance with your signed authority to direct debit.

## Drawing arrangements

- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice when we intend to make changes to the initial terms of the arrangement.

## Your rights

### Changes to the arrangement

If you want to make changes to the drawing arrangements, please notify us in writing at least 5 business days prior to your next scheduled drawing date. These changes may include:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

## Enquiries

If you have any enquiries they should be directed to Calliden Insurance (1800 805 899), rather than to your financial institution. All personal customer information

held by us will remain confidential except for information provided to our financial institution to initiate the drawing to your nominated account and information disclosed to a third party as required by law. Information may also be provided to the Calliden Group or any of its wholly owned subsidiaries ("Calliden Insurance") to enable the DDR to be effected as required by law.

## Disputes

- If you believe that a drawing has been initiated incorrectly, you should raise the matter directly with Calliden Insurance.
- If you do not receive a satisfactory response from us, contact your financial institution who will respond to you with an answer to your claim:
  - within 7 business days (for claims lodged within 12 months of the disputed drawing) or
  - within 30 business days (for claims lodged more than 12 months after the disputed drawing).
- You will receive a refund of the drawing amount if we can not substantiate the reason for the drawing.

Note: Your financial institution will ask you to contact us to resolve your disputed drawing prior to involving them.

## Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- any changes must be advised in writing 5 days prior to the next withdrawal date.

If your drawing is returned or dishonoured by your financial institution, we will notify you in writing. Any transaction fees payable by us in respect of the above may be passed on to you. Consecutive returns or dishonours may result in the direct debit facility being withdrawn.

Premiums can be automatically debited from your:

- Nominated Bank, Building Society, or Credit Union account by completing sections A & B; or
- Credit card by completing sections A & C.

Title	Surname
Given name(s)	

Policy No.
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Address	

State	Postcode
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Telephone	
(BH)	(AH)

## Initial terms of the arrangement

Please debit my/our account/credit card each  Month  Quarter  Year

### Important notice

Deductions will be made on the first working day of the month. Please ensure sufficient funds are available. Our standard policy wording contains a provision that where a premium instalment remains outstanding for a period in excess of one month all benefits under a policy are forfeited and the insurance cover cancelled.

### Your authorisation

My/Our signature in section B or C acknowledges that I/We have read and understood the Calliden Insurance Direct Debit Request (DDR) Service Agreement (see attached). I/We also authorise Calliden Insurance to alter the amount of the debit if I/We request a change to the sums insured.

<b>OFFICE USE ONLY</b>	
Amount \$ _____	First payment Date ____/____/____

New business  or change of application

## SECTION B: Authority to:

Direct debit your Bank, Building Society or Credit Union account.

I/We request Calliden Insurance (User ID 125353) to debit funds from my/our nominated account according to the details specified below.

Name and address of financial institution where account held

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BSB number  Account number

<input type="text"/>	<input type="text"/>
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Account in the name(s) of

<input type="text"/>
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Signature <input type="text"/>	Date / / <input type="text"/>
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Signature <input type="text"/>	Date / / <input type="text"/>
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If debiting from a joint bank account, all signatures may be required.

OR

## SECTION C: Apply to Direct Debit my credit card

Card holder name(s)
<input type="text"/>

Expiry date  /   Mastercard  Visa  Diners Club  Amex

Credit card number
<input type="text"/>

Signature of Card holder
<input type="text"/>

Detach form and return it in this envelope

**Calliden Insurance**  
Direct Debit Request



**calliden**  
insurance limited

**calliden**  
insurance limited

Calliden Insurance Limited  
Level 9, 11-33 Exhibition Street,  
Melbourne VIC 3000  
ABN 47 004 125 268  
AFS Licence No. 234438  
[www.calliden.com.au](http://www.calliden.com.au)

G1059 07/08



Please complete details on reverse. Tear along both perforated edges, fold and insert into Reply Paid envelope, seal and mail.

**calliden**  
insurance limited

**Delivery Address:**  
Level 9  
11-37 Exhibition St  
MELBOURNE VIC 3000



Calliden Advantage  
Reply Paid 85260  
MELBOURNE VIC 3000

No stamp required  
if posted in Australia

