

ACA Health Payment Changes Form



Call 1300 368 390 Fax 02 9847 3357 Email info@acahealth.com.au Locked Bag 2014 WAHROONGA NSW 2076

Change payment details of existing membership #

Policy Holder's Name

Please change my membership & pay the appropriate contributions from

1. 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
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BSB <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number
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Frequency:

Monthly Quarterly

Premiums are deducted in advance on the 20th of the month, or the next working day

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

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Frequency:

Monthly Quarterly

Premiums are deducted in advance on the 20th of the month, or the next working day

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
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Policy Holder	Signature	Date
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