Direct Debit Request

If this Direct Debit Request is for more than one policy then please list all relevant policy numbers.

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			i														
Payment options:	1. Initial	payment and a	ll future pa	yments 2		All future	payments										
Where you are pay				•				/itality,	please a	llso com	plete	the AlA	A Vitality	y Paym	ent form.		
Request and A							-		onthly			early		Yearly			
Please refer to the	-											,		,			
I/We	Title	Surname or Compa	Nomo					Givon M	mo or APN								
Account holder 1						Given Name or ABN											
Account noider 1	Title	Surname or Compa		1 1 1													
		Given Name or ABN															
Account holder 2										1 1		1					
request and auth AIA Vitality contrib to the terms and c	outions to be de	ebited through	the Bulk El	ectronic Clea	aring S												
Insert details of		debited															
Name account is	held in																
BSB number						Ac	count num	ber									
Acknowledgmen					litions (governinę	g the debit a	arrange	ments b	etween	myse	If and <i>i</i>	AIA Aus	stralia a	as set out		
Insert the name a				-	unt is	held											
Financial institutio																	
Address								1 1		1 1				Postcode			
Insert your signa	oturo			1 1 1													
Account Holder 1 Signa				Account H	lolder 2	Signature)				D	ate (dd	/mm/yyy	y)			
X	X] [
~									1	1	<u> </u>						
Payment options: Where you are pa Please debit my	aying from a bu		, and are a	All future p	IA Vita				nts and a		ayme	ent forn					
No. This authority ena contributions until variations (this on	l you advise Al	IA Australia in	writing to a	cancel this au							and (v		applica				
If you choose the	,			,	of the c	deposit p	lease enter	the an	nount.			\$					
-																	
Name as shown o	on credit card																
Cardholder's Sign	ature	X							Data	(dd/mm/y							
IMPORTANT NO Credit Card refu charges or fees	TICE: Inds will be p								accept	any res	spons			edit c	ard		
Authority t	to Releas	e Medica	I Infor	mation		Au	thority	to F	Relea	se M	edi	cal I	nfor	mat	ion		
I, Name of Life Insured			I, Na														
authorise any m (including any lif AIA Australia Limi that a photocopy effective and valid Signature of Life I	fe insurance c ited, full details or facsimile o as the original	ompany or un of my health a f this authority	iderwriter) nd medica	, to disclose I history. I ag	to ree	(inclu AIA A that a effect	orise any uding any l Australia Lin a photocop tive and val ature of Life	life ins nited, f y or fa id as th	urance ull details csimile e origina	compan s of my of this a	iy or health	under n and r	writer), nedical	, to dis history	sclose to y. I agree		
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Priority Protection Direct Debit Request (see over)



Priority Protection Credit Card Authority (see over)



Priority Protection Authority to Release Medical Information (see over)



Priority Protection Authority to Release Medical Information (see over)