

# Direct Debit or Credit Card Request



> INVESTMENT > INSURANCE  
> SUPERANNUATION

**ING Life Limited**  
ABN 33 009 657 176 AFSL 238341  
347 Kent Street Sydney NSW 2000  
GPO Box 4148 Sydney NSW 2001  
Phone 133 667 Fax 02 9262 5319

Please note you can change the details of your direct debit or credit card over the phone on 133 667.

Policy number		
Name of policy owner or company name (you)		
Address of policy owner		
Suburb/Town	State	Postcode
ACN/ARBN number		

## Payment details

The first debit may be made on  dd/mm/yyyy  
and at (please tick one)  monthly  half yearly  yearly intervals after that.

## Direct Debit Authority

Direct debit is not available from all account types. If in doubt, please check with your financial institution.

By signing this Direct Debit Authority I/we acknowledge having read and understood the Direct Debit Service Agreement on page 2 of this form, and are bound by the terms and conditions contained in this authorisation.

I/We request and authorise ING Life Limited ABN 33 009 657 176 (user number 219313) to arrange for any amount ING Life Limited may debit or charge me to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement.

## Name and address of financial institution where account is held

Name of financial institution		
Address of financial institution		
Suburb/Town	State	Postcode

## Details of account to be debited

Name of account																
BSB number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Signature (all signatures if joint account)

Signature 1	Date / /
Signature 2	Date / /

## Credit Card Authority

I/we understand my/our financial institution may charge a processing fee to my/our credit card for each payment that is made under this authorisation.

I/we acknowledge it is my/our responsibility to notify ING Life Limited of any material change in credit card details, including a new expiry date.

I authorise ING Life Limited to charge my:  Visa  Mastercard  Bankcard

Card holder's name																
Card number	<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"/>	Expiry date /

## Card holder's signature

Signature	Date / /
-----------	----------

Return this form to us by mail at GPO Box 4148, Sydney NSW 2001 or by fax at 02 9262 5319.

## Direct Debit Request Service Agreement

### Our commitment to you

We will:

- arrange for funds to be debited from your account as authorised in the Direct Debit Request
- give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless the changes are made at your request
- keep information relating to your direct debit request private and confidential.

If the date on which we usually debit your account falls on a weekend or public holiday, your account will be debited on the next working day.

### Your commitment to us

It is your responsibility to:

- ensure your nominated account can accept direct debits and that all account holders on the nominated account agree to the debiting arrangement
- ensure that the account details that you have provided are correct by checking them against a recent account statement
- advise us if the nominated account is transferred or closed, or the account details have changed
- ensure there are sufficient funds available in the nominated account to meet each direct debit
- check with your financial institution before completing the direct debit request, in the event that you have any queries about how to complete the direct debit request.

If there are insufficient funds in your account, you may be charged a fee by your financial institution. We will not charge a fee.

### Your rights

You may defer, alter or cancel the debiting arrangements you hold with us at any time by providing notice to us.

Such notice should be received at least 14 days before the next debit is due.

Where you consider that a debit has been initiated incorrectly, you should contact ING directly. We will then investigate your query.

If we find that your account has been incorrectly debited we will arrange for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we find that your account has not been incorrectly debited, we will provide you with reasons and any evidence for this finding.

If we cannot resolve the matter, you can still refer it to your financial institution, which may lodge a claim on your behalf.