

This form is to be filled in if an ONEseniors member is using someone else's Direct Debit details to pay their account. The Direct Debit account holder will also be added to the Members account as a secondary contact. Please ensure the Direct Debit account holder signs this form. Please complete this form in black or blue pen and fax to 1300 665 400 or post to the address on the back page.

Section 1 - Member details

Title & First name

Last name

Number

Address

Suburb

State

Postcode

Contact phone number

Date of Birth (dd/mm/yyyy)

 / /

Section 2 - Direct Debit account holder details

Relationship to account holder

Title & First name

Last name

Number

Address

Suburb

State

Postcode

Contact phone number

Date of Birth (dd/mm/yyyy)

 / /

Email address

Section 3 - Payment details

BSB Number

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Account Number

Name of financial institution

Section 4 - Declaration

Direct Debit account holder

IMPORTANT – PLEASE READ I understand that the information I supply may be used to perform a credit check on me to establish my credit worthiness. I understand that the account holder is ultimately responsible for ensuring the account is paid on time and any debts will be claimed from the account holder. I understand that if I cancel payment the account holder becomes responsible for the payment of the account and any debts that accrue

Signature

Card Holder Full Name

Date – (DD/MM/YYYY)

ONEseniors Member

IMPORTANT – PLEASE READ I understand that the person/people listed in the Authorised Contact Details section of this form will be authorised to act on my behalf in contacting ONEseniors in relation to my account. I understand that they will still be required to verify details about my account, for example the username and password, alternatively 4 points of identification relating to them that they have supplied on this form. I understand that as the Account Holder, I am responsible for ensuring the account is paid on time and any credit management procedures will involve the account holder only.

Signature

Card Holder Full Name

Date – (DD/MM/YYYY)

You can call our service centre on 1300 735 439, visit our website www.oneseniors.com.au or write to us at:
ONEseniors, GPO Box 2223, Melbourne, VIC 3001