



Delivery address
GPO Box 1499
ADELAIDE SA 5001

No stamp required
if posted in Australia



RAA
Reply Paid 1499
ADELAIDE SA 5001

RAAI

Direct Debit Request (DDR) Service Agreement



Terms and conditions

The agreement

By completing a DDR Service Agreement you are authorising RAA Insurance Ltd (User ID number 046 548) to debit amounts due from your nominated account for your insurance contract(s).

Payments will be debited from your account as authorised in the Direct Debit Request form.

Changing the agreement

Change by us

We will provide 14 days notice if there are any changes to these arrangements.

Change by you

If you wish to alter, delay or cancel your direct debit please contact us at least 10 days prior to your next debit date. Alternatively you may contact your financial institution.

Renewal

You will be sent a renewal certificate prior to the expiry of your contract. Instalments will continue to be debited from your account unless you notify us.

RAA
GPO Box 1499, Adelaide SA 5001
Tel 08 8202 4567
ABN 90 020 001 807

Terms and conditions (continued)

Account details

Please be aware:

- Direct debiting is not available on all accounts
- Account details should be checked against a recent statement to ensure they are correct

If there is any doubt please check with your financial institution before completing this application.

Weekends or public holidays

Payments falling due on a weekend or public holiday will be debited the next business day.

Ensure you have funds available

You are responsible for ensuring your account has sufficient cleared funds to pay each debit on the day it is due. If there are insufficient funds in your

account and your financial institution dishonours the debit RAA Insurance Ltd may pass on to you any fees and/or costs incurred. Please tell us if you change or close your account or if you will not have funds available on the day your debit is due.

Overdue Payments

- If a direct debit is returned unpaid by your financial institution we will attempt to debit again the original amount and any fees charged to us or we will contact you to make alternative arrangements.
- If any instalment payment is overdue by one month or more, your insurance cover will be cancelled.
- We may cancel the DDR Service Agreement if 3 or more debits are returned unpaid.

Your privacy

We will keep all information relating to your account confidential. You consent to us using or releasing your account information to investigate any enquiries relating to possible incorrect debits.

If you have a complaint regarding a direct debit transaction

If you wish to dispute a debit which has been made from your account please contact us. If you are not satisfied with our response you may also contact your financial institution.

RAA Insurance Ltd
ABN 14 007 872 602
AFS Licence No. 232 525

Direct Debit Request

You can also complete a DDR by calling 8202 4567 and providing your financial institution or credit card details.

Step 1: Please complete your personal details in full

Surname or Company name of insured:

Given names or ACN/ABN:

Address:

I request and authorise RAA Insurance Ltd (User ID No 046548) to debit my/our account below through the Bulk Electronic Clearing System, with any amount RAA Insurance Ltd may debit or charge, subject to the terms and conditions of the DDR Service Agreement. I/we have read and understood the terms and conditions set out in the DDR Service Agreement and these terms and conditions form part of my insurance contract(s).

Policy Number(s)

Contact: Home:

Business:

Mobile:

Email address:

Step 2: Please select **one** of the methods of payment below and complete the details in full

Method 1: Financial institution account direct debit

Payment frequency: Monthly 6 Monthly Annual

Financial Institution Name:

Financial Institution Address:

Account Holder Name:

Account No:

BSB Number:

Account Holder Signature:

Date:

Method 2: Credit card direct debit

Payment frequency: Monthly 6 Monthly Annual Please Debit my: Mastercard Visa

Card Number:

Exp. Date:

Cardholder's Name(s):

Cardholder's Signature:

Date: