



DIRECT CREDIT AUTHORITY (for Direct Credit of your Benefits)

Customer number

I authorise the health insurer (nib) to directly credit benefits for this policy to the account nominated below.
Claim benefits to providers are excluded from this authority.

Name(s) of account holder	<input type="text"/>
Name of Bank/Financial Institution where the account is held	<input type="text"/>
Address of Bank/Financial Institution where the account is held	<input type="text"/>
BSB number	<input type="text"/> - <input type="text"/>
Account number	<input type="text"/>

If you are currently paying premiums by Direct Debit and your direct debit account details have changed, you must complete a new Direct Debit Authority form. You can access the Direct Debit Authority form from apia.com.au

Customer's signature

Date / /

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