

Employer group payment method.

2604K v1.1



Complete and return to us at partners@unimed.co.nz.

Company/ organisation name

Direct Debit authority

Payment method

Direct Debit

Recurring payment frequency

Monthly

Name of account

Bank name

Account number

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I/We authorise the bank to debit my account with the amounts of direct debits from Union Medical Benefits Society Ltd. (trading as UniMed) with the authorisation code specified on this authority in accordance with this authority until further notice. I/We agree that this authority is subject to the bank's terms and conditions that relate to my account, and the specific terms and conditions listed below.

AUTHORITY TO ACCEPT DIRECT DEBITS

(not to operate as an assignment or agreement)
Authorisation Code

0 3 4 3 6 0 4
(User number)

Approved

4360

01

2026

The following information will appear on your bank statement:

Payer particulars	UniMed
Payer code	Health insurance
Payer reference	Your group ID

Authorised signatory full name/s

Authorised signature/s

Date (dd/mm/yy)

Specific conditions relating to notices and disputes

- I may ask my bank to reverse a direct debit up to 120 calendar days after the debit if:
 - I don't receive written notice of the amount and date of each direct debit from the initiator, or
 - I receive written notice, but the amount or the date of debiting is different from the amount or the date specified on the notice.
- The initiator is required to give me written notice of the amount and date of each direct debit no less than 10 calendar days before the date of the debit.
- If the bank dishonours a direct debit but the initiator sends the direct debit a second time within 5 business days of the original direct debit, the initiator is not required to notify me a second time of the amount and date of the direct debit.

Union Medical Benefits Society Ltd, PO Box 1721, Christchurch 8011.

P 0800 600 666 **W** unimed.co.nz