

## Direct Debit Request Form

Use this form if you would like to:

- Set-up a direct debit from your bank account or credit card
- Change an existing direct debit service agreement

### Direct Debit Request Service Agreement

You agree to this Direct Debit Request and the Direct Debit Request Service Agreement, and authorise Stripe Payments Australia Pty Ltd ACN 160 180 343 Direct Debit User ID number 507156 (“Stripe”) to debit your account through the Bulk Electronic Clearing System (BECS) on behalf of MetLife Insurance Limited (the “Merchant”) for any amounts separately communicated to you by the Merchant. You certify that you are either an account holder or an authorised signatory on the account provided.

1. By agreeing to the Direct Debit Request you authorise Stripe to arrange for funds to be debited from your nominated financial institution account (the “nominated account”). Stripe is acting as an agent for the Merchant and Stripe does not provide any goods or services to you.
2. Stripe or the Merchant will give you at least 14 days’ notice in writing of any changes to the terms of the drawing arrangements.
3. Stripe will keep information relating to your nominated account confidential in accordance with Stripe’s [privacy policy](#), except where required for the purposes of conducting direct debits with your financial institution. Your personal information will be transferred by Stripe to the United States. If you do not want to provide your personal information to Stripe in connection with the Direct Debit Request, Stripe will not be able to debit your nominated account.
4. Where the due date is not a business day Stripe will draw from your nominated financial institution account on the next business day.
5. It is your responsibility to:
  - a. Ensure your nominated account can accept direct debits;
  - b. Ensure that there are sufficient clear funds available in the nominated account to meet each drawing on the due date;
  - c. Advise immediately if the nominated account is transferred or closed or your account details change;
  - d. Arrange a suitable payment method if Stripe or the Merchant cancels the drawing arrangements;
  - e. Ensure that all authorised signatories nominated on the financial institution account to be debited authorise the Direct Debit Request.
6. Subject to the terms and conditions of your nominated financial institution account and your agreement with the Merchant, you may alter the drawing arrangements. Such advice should be received by the Merchant at least 7 business days prior to the drawing date for any of the following:
  - a. Changing your nominated account number
  - b. Deferring a drawing
  - c. Altering a DDR schedule
  - d. Cancelling the drawings completely.

If you require further information, please contact the Merchant at 1800 523 523. Alternatively, you can also contact your financial institution.

7. If you believe that there has been an error in debiting your account, you should notify the Merchant as soon as possible. The Merchant will notify you in writing of its determination and the amount of any adjustment that will be made to your nominated account (if any). Stripe will arrange for your financial institution to adjust your nominated account by the applicable amount (if any). Alternatively, you can also contact your financial institution.
8. The details of your drawing arrangements are contained in the above Direct Debit Request.
9. Stripe reserves the right to cancel the drawing arrangements if three consecutive drawings are dishonoured by your financial institution, and for the Merchant to arrange with you an alternative payment method. Please refer to the terms and conditions of your nominated financial institution account to see whether dishonour fees apply. The Merchant may charge additional dishonour fees in accordance with your agreement with the Merchant.

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## Section 1. Privacy - Use and disclosure of personal information

### Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

Stripe's Privacy Policy is readily available and can be viewed at <https://stripe.com/au/privacy>.

I/We have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'.  
I/We consent to the collection, use and disclosure of my/our personal (including sensitive) information in accordance with the terms of these documents.

Policy owner signature

Date (dd/mm/yyyy)

▶ \_\_\_\_\_

\_\_\_\_\_

Full name (please print)

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## Section 2. Policy details

Policy number

Policy Owner 1

Policy Owner 2

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## Section 3. Direct Debit Authority

I/we request and authorise Stripe Payments Australia Pty Ltd (User ID number 507156 ("Stripe")) to arrange for any amount that MetLife may debit or charge me/us to be debited from my/our account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement on page 1 of this form.

Account name

Financial institution

BSB number

Account number

\_\_\_\_\_

**By signing this Direct Debit Authority, I/we acknowledge having read and understood the Direct Debit Request Service Agreement on page 1 of this form, and that I/we are bound by the terms and conditions of that agreement.**

Account holder's signature

Date (dd/mm/yyyy)

▶ \_\_\_\_\_

\_\_\_\_\_

Full name (please print)

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Account holder's signature (if joint account)

Date (dd/mm/yyyy)

▶ \_\_\_\_\_

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Full name (please print)

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## Section 4. Credit Card Authority

By signing this Credit Card Authority, I/we request and authorise Stripe Payments Australia Pty Ltd (User ID number 507156 (“Stripe”)) to arrange for any amount that MetLife may debit or charge me/us to be debited from my/our credit card identified below subject to the terms and conditions of the Direct Debit Request Service Agreement on page 1 of this form, until I/we advise MetLife in writing to cancel this authority. I/we acknowledge that it is my/our responsibility to notify MetLife of any material change in credit card details, including a new expiry date.

I/we authorise MetLife Insurance Limited to charge my (tick one)      Visa      Mastercard      American Express

Card holder's name

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Card number

Expiry date

CCV

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Card holder's signature

Date (dd/mm/yyyy)

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**If you have completed the Credit Card Authority, please return the completed form to your financial adviser.**

**Please note that MetLife cannot accept credit card details via email due to privacy reasons.**

**If you have completed the Direct Debit Authority, please return the completed form to**  
MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001;  
or email [auprotect@metlife.com](mailto:auprotect@metlife.com)

For assistance with the completion of this form, please call us on 1800 523 523 Monday to Friday 9am-5pm AEST/ADST.

**metlife.com.au**

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