

**Pet Insurance Australia Direct
Credit Form**



PetInsuranceAustralia

Please complete this form if you wish to have your claims reimbursements credited into your nominated bank account.

This only needs to be completed if you are NOT paying your premiums by Direct Debit.

Yes I would like my claims reimbursed by Direct Bank Transfer:

Policy Number:

Name:

Address:

State: Postcode:

Name Of Bank:

Account Number:

BSB Number -

Account Name

Branch Location: Account Type:

I authorise Pet Insurance Australia to directly credit benefits for the above policy to the account nominated above. (Note: this authority excludes benefits payable to providers - Claims are paid to policyholders only)

Signature: _____ Date: _____

Please complete and forward this form to Pet Insurance Australia as soon as possible as this allows a quick reimbursement of your claims.

Tel/Fax: 1800 043 552 Post: Locked Bag 9021 Castle Hill NSW 1765